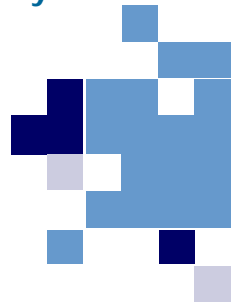


A Picture of Healthcare in La Plata County

- ^ Understanding healthcare in our county
- ^ Indicators and information to set priorities
- ^ Scores of solutions that can be implemented

Presented by the
Citizens Health Advisory Council
September 2002

(partially revised May 2004)



Citizens Health Advisory Council

The Citizens Health Advisory Council is a diverse coalition that envisions La Plata County as a model community for wellness and access to all dimensions of healthcare as a key component of quality of life.

Current Members Sherrod Beall, N.P., Colorado Nurses Association, District #7

Kip Boyd, M.D., Mercy Medical Center
Sheila Casey, La Plata County Senior Services
Bob Conrad, American Cancer Society
Anthony DeMond, M.D., Durango Fire/Rescue Authority
Dr. Bern Heath, Southwest Colorado Mental Health Center
Josh Joswick, La Plata County Commissioner and LEAD
Bill Mashaw, ACME (Action Coalition for Medical Excellence)
Scott Mathis, ACME
Doug McCarthy, Issues Research
George Maxted, M.D., Valley Wide Health Systems, Inc.
Julie Pickering, Rocky Mountain Health Plans
Missy Rodey, Community Volunteer
Ellen Stuart Roberts, Mercy Medical Center of Durango
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Tim Walsworth, United Way
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Funded by memberships, grants and community donations. All donations are tax deductible.

The CHAC is a partner organization with the Colorado Consumer Health Initiative (www.cohealthinitiative.org)

The CHAC was formed as a result of the **2001 La Plata County Community Summit breakout session** on health. The CHAC is **addressing access** to healthcare through...

- bringing all the voices in healthcare to the same table;
- understanding services available and identifying gaps;
- conducting roundtables on key issues at each meeting;
- linking with statewide funders, organizations, and the legislature;
- acting as an umbrella coalition;
- identifying and implementing projects to improve access issues; and
- carrying out community education.

Examples of the CHAC's **current projects** are..

- Teaming up with ACME (Action Coalition for Medical Excellence) and other community groups to get a Health care District established in La Plata County. Doing a community forum(s) and other education on the need for a Health care District.
- Linking with state and federal groups working to improve access to health care through advocacy and education.
- Supporting specific local projects most notably the need for an inpatient psychiatric resource on the new Mercy Medical Center campus.
- Establishing an "access to health care web site" (will be "up" in 6/04).
- Integrating existing committees and coalitions into the CHAC - and partnering with other groups so duplication is avoided and resources are used wisely.
- Producing and updating "*A Picture of Healthcare in La Plata County*", a document that reports available county health care data, and makes over 70+ suggestions for positive change.

Executive Summary

Access to healthcare is a county-wide priority. At the 2001 La Plata County Community Summit and through other community needs assessment processes, “access to health care” has been cited as one of this county’s top priorities.

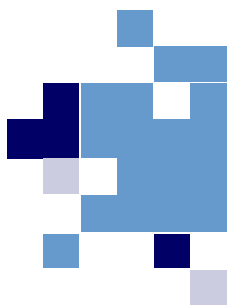
This issue is extremely complex. There are obviously many complicated and complex reasons that access to healthcare is such a problem. Many of these reasons relate to state, national and even international influences such as: population increases, new technologies that cost money, the State of Colorado’s budget woes and the Tabor Amendment, the nature of our county’s service economy, more and more bureaucracy and administrative mandates that mean less dollars going towards actual care, and lower reimbursement rates from insurance companies, Medicaid, etc. Due to these factors and others, more and more small business are having to drop insurance for their employees.

Money is not always spent where it can make a difference. There is very limited funding and activity around prevention, education, and changing lifestyles — even though these factors account for the greatest impact on the health status of people.

There are plenty of concerning trends to work on. Read pages 4-10 where over 15 areas of healthcare trends and data are listed. Figure out which trends concern you or your organization. Some facts you will find: Did you know that 14.2% of La Plata County’s children live in poverty? Did you know that in 1999, 41.3% of pregnant women in our county did not seek pre-natal care until after the first tri-mester? Did you know that approximately 7,200 La Plata County residents are uninsured (this number is considered low)? Did you know that patients in Southwest Colorado have the longest transport to an in-patient psychiatric facility than any other place in the State?

Our region has high-quality healthcare resources. These services enhance residents’ quality of life. Healthcare is a major employer, at higher wages than some other sectors. For a smaller, rural community there is a wide array of care available for those who have insurance and access or who do not utilize Medicare.

We have the capacity to solve some problems. Scores of solutions are “on the table.” We have a vibrant, active county citizenry. This report lists over 74 actions, solutions and next steps that can be taken. Some of them, of course, require policy changes on state and federal levels, and more funding. But many of them can be worked on right here in our community.



Overview

This document provides information, trends, and proposed solutions about healthcare challenges in La Plata County. It organizes various sources of data into one place. It offers next steps and priorities.

This publication is being released by the CHAC (Citizens Health Advisory Council). The CHAC was launched at the 2001 La Plata County Community Summit to address “access to healthcare issues” by involving citizens, governments, providers and other stakeholders. This document is the CHAC’s *initial* step in understanding healthcare in La Plata County so it can work on projects and initiatives that will have the most impact. The CHAC hopes this document will be used by a variety of groups for making a positive difference.

The information presented in this document culminates over a year of discussions, research, surveying and work done by the CHAC. This document builds upon the work of Operation Healthy Communities’ *Pathways to Healthier Communities* Index; a San Juan Basin Health Department Needs Assessment; the 9/01 Senate Bill 224 Legislative Hearings; and work done by the Southwest Healthcare Partners.

“Denial of healthcare, either through the lack of financial resources or absence of a facility, weighs heavily on our society, our communities and our economy.”
- *Pathways to Healthier Communities*, 2001-2002 edition.

There certainly is no shortage of criticism about our local, state and national healthcare systems. Rising costs, cracks in the system, burgeoning numbers of uninsured and frustrated consumers all seem to prevail. What is perhaps more elusive than the problems are the solutions – especially ones that will work for rural counties whose healthcare systems are intricately tied to distant, yet influential factors, such as: political maneuvering, federal policy and the federal budget, the morass of healthcare financing and reimbursement systems, and the personal habits and behaviors of people.

Certainly, a first glance of all the problems around healthcare can prove to be an exercise in becoming quickly immobilized and overwhelmed. However, here in La Plata County, there is a dedicated group called the *Citizens Health Advisory Council* - a coalition attempting to work together and improve access to healthcare. The CHAC formed as a result of the 2001 La Plata County Community Summit at which time access to healthcare was prioritized as one of this county’s top three issues. There are also scores and scores of providers, coalitions, funders and non-profits who are collectively working on these issues.

A Quick Snapshot of La Plata County

Founded in 1874, La Plata County is home to a diverse population of 40,145 residents, with 24,000 living in the rural, unincorporated parts of the county. There is a total land base of 1,666 square miles, and 57% of those lands are public. A total of 11.3% people live below the poverty line, and our Per Capita Personal Income is \$25,241. The highest percentage of our jobs and income are from the service sector. The unemployment rate is 3.8 %, above the State average. Our average life expectancy is

77.5 years, above the national average. The non-white ethnic breakdown shows: Asian/Pacific Islander = .7%; African American = .3%; Hispanic/Latino = 13%; and Native American = 5.1%. La Plata County is home to the Southern Ute Indian Tribe.

“La Plata” means “silver” in Spanish which reflects the rich mining history of the area. For a smaller, rural community, La Plata County is also rich in healthcare resources. There are over 100 physicians and physician extenders (e.g. nurse practitioners). Mercy Medical Center is a Trauma III hospital with 111 beds, and is building a new facility by 2005. Scores of non-profits and grant-funded programs offer a range of health care and social services. And, our county has a high number of alternative care providers that are used extensively. However, a “menu” of services and agencies does not necessarily equal access to healthcare. Many people are underinsured or uninsured.

The Organizational Players

- **Durango Health Coalition Council** is made of businesses and insurance companies interested in healthcare cost containment.
- **Indian Health Services** operates a full service clinic in Ignacio for Native Americans. Those needing more extensive care, such as hospitalization, can travel to an Indian Health Services facility in Shiprock, Albuquerque, or other locales.
- **La Plata County’s Medical Society** represents physicians who practice medicine in Archuleta, San Juan and La Plata Counties.
- **Mercy Medical Center of Durango** is a full service, acute-care hospital serving residents of the Four Corner’s Region. Mercy Medical Center is closely affiliated with the Mercy Health Foundation which raises money for important healthcare projects and initiatives. Mercy will be building a new full-service hospital in the Grandview area by 2005.
- **Non Profits** ...numerous non-profit organizations play a vital role because they provide direct care services for families and children such as social services, advocacy, parenting classes, programs for youth in trouble and at risk, emergency services, housing, healthcare and counseling.
- **Operation Healthy Communities (OHC)** is a neutral non-profit organization that provides training, facilitation, a bi-annual healthy community index and workshops. OHC, Mercy Medical Center and the Mercy Health Foundation, and many others, host a bi-annual Summit to identify and act upon pressing county-wide issues. OHC views “health” broadly.
- **Private providers** ...there are, of course, numerous private providers of health- care services such as physicians, mental health professionals, chiropractors, massage therapists, etc.
- **San Juan Basin Health Department** prevents disease and disability, improves the health of community members, and protects and improves the environment.
- **Seniors and Programs for Persons with Disabilities...**a network of organizations exist in our community to provide citizens in need

with: senior centers, health and long-term care, nutrition, support, transportation and outreach programs. Examples are: Community Connections, Hospice of Mercy, La Plata County Senior Services, the Area Agency on Aging and SUCAP.

- **Southwest Colorado Mental Health Center** provides counseling, medication, family support, and preventive services to children, adolescents, adults and families.
- **United Way of Southwest Colorado** is a fundraising organization that provides money for health and human services.
- **Valley Wide Health Services** provides primary healthcare to all residents including those who are underinsured and uninsured.

The Trends, Statistics and Issues

What follows is information about various aspects of healthcare. In some instances, a trend is noted. In other cases, raw data and numbers are given. There are also evaluative statements from needs assessment reports, community meetings or planning processes. All of the sources for the data are listed at the end of the document.

Complimentary and Alternative Care

In a survey done at a recent La Plata County Health Fair, 245 people responded. When asked how many visits the respondents had made to various types of providers in the last 12 months, the results were:

- traditional providers (e.g. doctors) = 423
- chiropractors = 492
- acupuncturists = 71
- massage therapists = 319
- naturopathic doctors = 86
- nutritionists = 50
- reflexologists = 18
- herbalist = 62

Note: One person could have visited various providers more than once.

These numbers represent over twice as many visits to non-traditional, alternative care \ Providers than to traditional providers. Respondents reported paying \$200 to \$350/month for alternative care. These stats are a select group who attended a health fair but are comparable to national studies of the use of alternative and complimentary care.

Economic Self-Sufficiency

As of 1998, a total of 14.2% of La Plata County's children live in poverty, up from 11.3% in 1995. Go to: www.census.gov for the latest poverty rates. *State's percentage = 14.2%.*

The median household income of residents in 1998 was \$38,458. *State's =*

\$43,402. In the year 2001, 11.4 % of our county's children were enrolled in Medicaid. *State enrollment = 13.9%.*

The percentage of children qualifying for free or reduced lunch was 24.9% in 2000 -- a trend going up steadily since 1994. *State's percentage = 27.4%.*

In 2000, the percentage of children enrolled in Temporary Aid to Needy Families (TANF) was 9.4% on a per/1,000 monthly average. *State's percentage = 17.0%.*

In looking at the percentage of children under 5 years receiving WIC (Women Infants Children) benefits, the number was 19.4% -- which is a percentage/monthly average. *State's percentage = 17.8%.*

Finally, in the year 2001, of all the children in La Plata County, the percentage enrolled in the Child Health Plan+ was 4.6%. *Statewide enrollment = 2.9%.*

Early Care for Children

In 1999, 41.3% of women did not start pre-natal care until after the first trimester. The harm done by not getting pre-natal care early is clearly documented. *State's percentage = 18.3%.*

In 2000, a total of 3.9% infants were born as low birth-weight babies which leads to a much higher probability of life-long complications, illnesses and developmental delays. *State's percentage = 8.5%.* Births to single women totaled 27% in the year 2000. This is not a commentary on single parents. Rather, "...a woman's marital status affects other factors including the degree of economic and social support available for the mother and the *child.*" (*Kids Count in Colorado! 2002*). *State's percentage = 25%.*

Older Adults

For La Plata County in 2001, the number of meals served to elders through the San Juan Basin Area Agency on Aging totaled 18,529. Both the number of nursing home and assisted living beds exceeded standards in 2000 (which means we have an adequate supply of beds.) Home healthcare allows seniors to stay at home longer. This service in La Plata County is facing a critical situation. Services are provided by myriad programs such as Mercy Medical Center's Hospice and the San Juan Basin Health Department. They have seen deep funding cuts made to their programs. It is estimated that there are 1,256 elderly Medicaid recipients in La Plata County; 300 persons are receiving Old Age Pension; and 76 are receiving Nursing Home benefits.

Falls and pneumonia are the leading cause of death among elderly. With the 85+ segment of our nation's population being the fastest-growing, services, supports, and healthcare are critical issues to address. More work needs to be done to gather data about elders' health status. La Plata County Senior Services is a significant resource in this area, as is SUCAP's Senior Center and the Tribe's Elder Committee.

Access & Health Insurance Coverage

There are approximately 7,200 uninsured residents in La Plata County. This is based on an estimate produced by the statewide Coalition for the Medically Underserved (CMU) and is considered very low by most local experts. In a survey of parents done by SUCAP for the proposed School Based Health Center, 39.6% reported having no insurance. In 2000, the percentage of Emergency Room patients seen at Mercy who did not have insurance was 14.1%. The number of patients seen at the Community Clinic in 2000 was 1,883. Ignacio does not have access to a pharmacy for those not eligible for Indian Health Services' programs. The children actually signed up for the low-cost health care programs for children (CHP+) as a percentage of the total eligible is 86% as of 2002 -- up from only 54% in the year 2000.

The Miles for Smiles van saw 213 patients in 2000 and local providers donated \$93,409 worth of services. Of the region's 57 dentists - 47 are active in this program. *Our region gives more charity care through Miles for Smiles than any other community where the van travels.* A total of 5,000 children in our region qualify for services. Still, the lack of dentists in our region who do not accept Medicaid patients remains a significant problem. Some Medicaid-eligible families are traveling to Pueblo or Glenwood Springs to get basic dental care. However, the recent re-opening of the North Campus Dental Clinic by Valley Wide Health Services with a dentist who accepts Medicaid means a major "dent" will be made in this critical issue.

In the year 2001, there were 1,867 Medicaid-eligible children in La Plata County with only four providers, which is 467 patients/per provider. In that same year, 137 children received services, or 7% of those eligible. This shows that poorer children on Medicaid are not seeing medical providers as often as necessary.

Like everywhere else in the country, La Plata County has a lot of uninsured people and challenges around specific access issues. A recent access "crisis" is a lack of physicians who will take Medicare patients. So, while there are myriad of high-quality programs and facilities, conversely, there are high numbers of people without health insurance and/or without access.

Unintended Pregnancies

In the year 2000, there were 440 live births. Of those, 27.0% were to single women. In 2000, the teen birth rate per/1,000 for female teens ages 10-19 was 13.7%, down from a high of 17.5% in 2000, our infant mortality rate was 9.1 per/1,000. Infant mortality is often viewed as a broad indicator of societal health. That same year, the percentage of births considered "three risk factor births" was 7.3%. A "three risk factor birth" is considered births to women who are unmarried, are 25 years old or less, and have less than 12 years of education. *State rate is 6.1.* Some good news is that the percentage of births to moms with no high school diploma went down 12.3% over the year

Family Safety

The number of confirmed incidents of child abuse and neglect was 72 in 2000, down from 83 in 1996. *Statewide, there were 5,434 incidents.*

The out-of-home placement of children is calculated at a rate of per 1,000 children – La Plata County’s rate is 7.5 as of the year 2000. *State’s rate = 12.3%.*

From 1993 – 2000, the number of calls to area domestic violence hot lines grew from 646 to 3,011. This is partly attributed to increased education about the hotlines and county’s population increase -- but clearly this is a great cause for concern.

Education

The percentage of those graduating Durango’s School District rose from 71.8% in 1994/1995 to 78.5% in 1998/1999.

In Ignacio, it stayed even over those same years at 63.5%.

In Bayfield, it dropped slightly from 89.8% to 85.7%.

The State graduation rate in 1998-1999 was 79.9%.

Childcare

There is a need for more childcare slots of all kinds but particularly for weekend care, 24-hour care and 12-hour care. This is especially important in a service economy like our county’s.

In 2000, the number of slots available for infants had gone down but for pre-schoolers and toddlers had risen.

Mental Health

- Medical transport for those in need of psychiatric services is a major problem that needs resolved. La Plata County is the only region, of 17 mental health regions in the State of Colorado, which has more than a two-hour transport to an in-patient psychiatric resource from its population center. Transport time for La Plata County residents is now between 5 ½ to 7 ½ hours.
- Suicide was listed by the federal 2000 Health Resources and Services Administration (HRSA) report as one of two public health areas that strongly need attention in our county.
- Of persons who received emergency evaluations through the Southwest Colorado Mental Health Center (SWCMHC) from May 2001 to April 2002, 42% had no resources (i.e. private insurance, Medicaid or Medicare) to pay for it. This makes the point that there is a large volume of uncompensated care which challenges the mental health system’s fiscal stability. It also shows there are far too many persons not receiving early mental health care needed to head-off psychiatric emergencies (which are traumatic and more costly.)
- In La Plata County, the number of suicides per/1000 was 16.5 in 1999, and the State number was 13.6. This area is above the norm for suicides.

Colorado's suicide rate ranks 8th in the nation.

Physical Health

The US Department of Health and Human Services indicates that La Plata County needs to “*take a closer look*” and perhaps reduce the following rates:

- older mothers giving birth (over 40)
- infant mortality
- post neo-natal mortality
- homicide
- motor vehicle injuries
- suicide
- unintentional injuries

This same report states that our county's vulnerable populations include:

<u>Population</u> <u>each category</u>	<u>Number of residents who fall into</u>
People with no high school diploma (among adults 25+)	3,540
Unemployed Individuals	1,260
People who are severely work-disabled	960
Those who suffer from major depression	1,930
Recent drug users (within past month)	2,410

Approximately 7,056 residents in La Plata County have a condition that is disabling in some way.

Practitioners and Facilities

- There are over 100 physicians and increasing numbers of physician extenders (e.g. nurse practitioners and physician assistants). A reported shortage in the San Juan Basin Health Needs Assessment are physicians who head family practices.

There is a significant difference of opinion as to the appropriate number of primary care providers that a community should have per/1,000 residents. Most studies do not include Nurse Practitioners or Physicians Assistants. An analysis done by the Durango Health Coalition Council released in 1999 showed that the Durango area has a lower supply of Primary Care Providers per /100,000 population than metropolitan areas of Colorado. This group also did a Physician Survey in August 1999 that may be referred to as a model for understanding the physician supply situation. However, the numbers are considered outdated at this writing.

- Mercy Medical Center is a full service, Trauma III hospital with 111 beds serving the region. The hospital is set to build a new facility with a 76 million dollar loan from Catholic Health Initiatives, plus local funding and matches.

- Indian Health Services operates a clinic in Ignacio, and SUCAP operates Peaceful Spirit – an inpatient drug and alcohol treatment facility for Native American patients.
- La Plata County does not have access either to an in-patient mental health facility or a substance abuse treatment center that serves non-Native Americans.
- There are six long-term healthcare facilities in La Plata County totaling 270 beds.
- In 2001, Valley Wide Health Services took over the operations and management of the former Durango Animas Family Medicine (DAFM), Southwest Pediatrics, and the Community Clinic.
- EMS services are operated through IVES (Ignacio Volunteer Emergency Service) in Ignacio, and through Mercy Medical Center, and the Durango Area Fire and Rescue Authority.
- There is a shortage of healthcare workers in the entry-level arenas (e.g. in-home care for elders, CNA's, etc.) Data could be gathered to refine this area, if necessary. Because La Plata County is a desirable place to live, most healthcare facilities do not report a shortage of medical staff (e.g. doctors.) However, there is a shortage of nurses due to these factors: 1) decreasing availability of experienced nurses; 2) increased length of time to replace positions; 3) inability to compete with larger urban areas; 4) aging workforce; 5) increasing wider career options for women; 6) increasing demand for highly-skilled nurses; 7) growing concern by the public about safety; and 8) difficulty in accessing nursing workforce data.

Note: In summer of 2003, Durango and La Plata County experienced a severe shortage of health care for those on Medicare and in need of primary care. This was due to budget cuts and shortages of resources at Valley Wide, and low reimbursement rates for Medicare. A number of efforts are underway to rectify this situation but given the low reimbursement rates for Medicare, the problem is not easily solved and will be present in our community/county for a long time. La Plata County needs up to 10 more primary care physicians, some experts believe. More and more, primary care doctors in the community/county are either not accepting Medicare patients all together, limiting their numbers, or they are not accepting any new Medicare patients on to their case loads.

Substance Abuse

(Note: rates reported are per/1000.)

- The DUI-cased crashes went up from 43 to 73 from 1997 to 2000. The DUI/DUID (driving while under the influence of drugs) citations also rose – from 165 in 1997 to 213 in 2000. The DUI injury crashes went up from 22 in 1997 to 38 in 2000.

- The alcohol-related-arrest rate in 1997 was 18.19 – the State’s rate was 15.43.
- The county’s drug-related-arrest rate in 1997 was 4.79 and the State’s rate was 4.96. The adult rate for those in alcohol or drug treatment centers was 5.19 in 1999 and the State’s rate was 4.92.

Tobacco

- The prevalence of cigarette use is in the low 20th percentile for both our region and the State. However, use among adolescents is high.
- The most recent data say that 22% of those 18 and over in our county smoke.
- In the most recent compliance check done of stores selling tobacco to minors, 54% of those checked did sell to minors.
- In a survey done by San Juan Basin Health and Fort Lewis College in 1999, 9.9% reported that they “currently smoke.”

Unintended Injuries

- Our rate of unintended injuries, such as car crashes, is 50% higher than the State’s rate.
- La Plata County’s motor vehicle death rate was 31.6 in 1997 (adjusted to 2000 standards) and the national rate was 15.8.
- Falls and motor vehicle injuries are leading causes of unintentional injury in our area.

This listing of indicators and trends, by topic, gives information about healthcare challenges. It shows that there are many. In some areas, La Plata County is doing better than State comparisons. In other areas, we have a lot of work to do. The next sections offer an analysis of the healthcare system in La Plata County — and suggests a long list of potential actions that can be taken. These actions, of course, will not address or remedy every problem. However, actions can be taken to influence certain concerning indicators and trends, and, to make a difference in key areas.

The Good News: Summary

- Our region has high-quality healthcare resources.
- These services enhance residents’ quality of life.
- There is a vibrant citizenry and network of coalitions trying to address virtually every healthcare problem that exists in our county.
- Healthcare is a major employer, at higher wages than some other sectors.
- There are many indicators and trends documented that our community can actually influence.

The Bad News: Summary

- There are increasing costs with decreasing reimbursements.
- The State budget is in bad shape meaning State funds are being cut.
- While we have a large number of services, many are becoming less

- accessible as more residents become uninsured or underinsured.
- Our community is stretched in providing basic care.

Healthcare Environment & Changes

- The increasing population of the county necessarily means more needs and more people to reach.
- The growing nature of our economy means wages are lower and more people can't afford insurance, or don't get insurance as a benefit of their employment.
- The Balanced Budget Act of 1997 cut Medicare provider reimbursements to below actual costs.
- Increasingly burdensome administrative costs erodes the percentage of dollars actually going to patient care.
- Low provider reimbursement rates, such as Medicaid, CHP+ and insurance, make it difficult to serve those most in need.
- The State TABOR amendment limits flexibility to address legitimate needs through increased funding.
- There are shortages of healthcare workers at all levels.
- Insurance premiums are rising.
- Rural healthcare providers cannot keep up with the economies of scale issues to keep up with technology.
- People are reluctant to pay higher insurance premiums in order to have access to more drug benefits and new technologies.
- Infrastructure is neglected when limited healthcare dollars go to administrative costs.
- More and more small business would like to offer benefits but are having to drop their plans due to cost, structuring and bureaucracy.
- There is very limited funding and activity around prevention, education, and changing lifestyles, even though these factors account for the greatest impact on the health status of a community.

As a Result

- More and more people lack basic care.
- Providers can no longer shift revenues to help cover costs of un-reimbursed care.
- Fewer businesses are offering insurance.
- People are not taking responsibility for their own health.
- Third and fourth parties are involved in allotting healthcare services.
- Many who do have insurance cannot find providers who will accept care for them.
- There are some populations hidden and not reached by the current system.
- Providers are financially strapped, and new infrastructure is needed.
- Shortages of healthcare workers is coming at time when more care than ever needs to be provided.

La Plata County Healthcare Priorities

Given the indicators and information, the next question is: *What are the county's priorities?* To start to address this question, the following priorities were identified at the 2001 La Plata County Community Summit in the healthcare breakout session, by the San Juan Basin Health Department in its 2001 Needs Assessment, and at the September 2001 rural healthcare legislative hearings (planned by the Citizens Health Advisory Council). This list is an attempt to understand which issues need further action and attention by the CHAC, the community, or state and national players. If an issue is not on this list, it does not mean it is not important.

Specific Healthcare Priorities

- Access to dental care
- Access to healthcare
- Mental health: Depression/suicide/chronic mental illness/lack of in-patient care
- Substance abuse and other drug abuse
- Palliative care
- Domestic violence
- Lack of parenting skills

What Our Community Can Do

Recommendations for Action

Education

- conduct panels for the public around key healthcare issues
- increase promotion of healthy lifestyles
- continue the Citizens Health Advisory Council
- get dentists and hygienists to talk to parents and children about prevention
- help providers market the CHP+ program and expand CHP+ marketing, in general
- increase awareness of the services available
- establish a DART Program (Depression Recognition Awareness and Treatment)
- change community norms around alcohol use
- make health education in schools a priority and a "have to"
- establish exercise stations along river trails
- launch a poster campaign of healthy lifestyles
- do a "Get to Know Your Neighbor" campaign to increase informal help for elderly, families, etc. (utilize neighborhood associations)
- give positive parenting messages in much, much more creative ways
- increase youth participation in all prevention activities
- plan more alcohol-free events for all ages
- do a mental health anti-stigma campaign

Advocacy & Legislation

- ensure our county's representation in statewide and legislative matters
- track on statewide reform efforts and link where possible
- make healthcare a "right" not a privilege
- increase reimbursement rates for federal programs such as Medicare and Medicaid
- make our community aware of the mental health needs of the elderly in all service systems
- reduce documentation and bureaucracy on all levels
- require insurance companies to standardize their language, including pre-authorization and pre-certification procedures
- improve parity for all kinds of healthcare workers
- improve regulation and standardization of alternative care providers working with the providers themselves
- streamline the provider credentialing process
- offer tax breaks to employers
- improve our ability to use services in other states (e.g. Farmington, New Mexico)
- make insurance companies allow employers to have the option of whether they want their insurance rates figured from a regional group or as individuals
- stop un-funded mandates
- establish point of service options on HMO's

Services

- improve access to preventive and early care
- encourage facilities to share expensive equipment and specialty care providers
- encourage providers for low-income, uninsured and underinsured to combine sites, share resources, be more efficient
- expand providers of dental services who accept Medicaid
- increase uses of tele-medicine
- establish drug and alcohol treatment and in-patient psychiatric facilities
- support a Universal Access System – that is accessible to the smaller employers as well as the larger ones
- initiate a community healthcare self-insurance system
- remove transportation barriers to services
- look at establishing a mobile dental hygienist service
- support locally-driven School Based Health Centers (like the one proposed in Ignacio)
- distribute gun trigger guards through service programs like Rotary
- improve services for the chronically mentally ill such as considering more licensed group homes
- establish more parenting classes and skill building opportunities
- expand services, based on sound research, for adolescents having mental health and substance abuse problems
- utilize schools as centers of services providing health care and social services by community agencies (community school concept)
- support programs that reduce family stress
- expand and support any recommendations for improving services to survivors of abuse and domestic violence
- encourage development of assisted living facilities, and expand home-based and community-based services for the elderly

- build better respite care systems for those who care for the elderly
- develop an At Risk Youth Strike Team involving schools and other partners
- increase use of the Family Center's programs
- implement the recommendations and work of the Mental Health Summit Partnership
- expand the number of school nurses
- include palliative care as a reimbursable service
- find a way to transport elderly patients from Mercy at a lower cost

Funding

- establish additional funding streams
- reduce administrative costs and onerous accountability requirements
- encourage providers to offer cash discounts
- establish a healthcare funding tax district

Workforce

- find ways to build the workforce in healthcare
- collaborate regional education resources to expand the base of healthcare workers
- use distance learning to a greater degree
- consider subsidizing the costs of workers (e.g. housing)
- improve wages and salaries
- fund nursing education

Conclusion

A Picture of Healthcare in La Plata County has attempted to provide a “snap shot” of concerning healthcare trends and some good ones too. A list of solutions is offered that was generated by literally hundreds of individuals. It is evident that, indeed, there are many answers (or partial answers) to certain aspects of healthcare. Some of the solutions require state or federal intervention. Some of them can be implemented right here, right now, in the communities of La Plata County.

It is the CHAC's hope that you or your organization will use this information for creating positive changes, and becoming more educated about the issues. The CHAC will continue to act as an umbrella coalition of individuals, businesses, and organizations working together to understand and address access to healthcare. Please contact the CHAC with your ideas, questions and thoughts.

Resources and Web Sites

“A Message to Our Community” – Presentation by the Southwest Healthcare Partners.

Coalition for Healthier Cities and Communities – *A Message to America from America’s Communities.*

Colorado Children’s Campaign and the local It’s About Kids Advocacy Project, and *Kids Count in Colorado, 2002.*

Community Health Status Report. La Plata County Colorado. July 2000. Published by United States Department of Health and Human Services.

Legislative Hearing, September 2001, Fort Lewis College. Task Force to Evaluate Healthcare Needs for Colorado. Legislators’ Notebook.

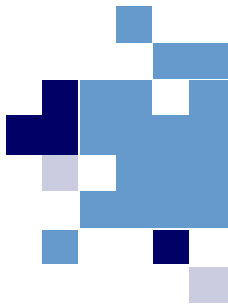
Pathways to Healthier Communities, Indicator Report 2001-2002, Operation Healthy Communities.

Physician Survey done by the Durango Health Coalition Council, 1999.

San Juan Basin Health Department Needs Assessment, 2001.

Provider survey done by the Citizens Health Advisory Council, 2001 and Operation Healthy Communities VISTA Volunteer.

Web Site for La Plata County — www.co.laplata.co.us



Printing made possible by a grant from the La Plata County Community Summit through the Mercy Health Foundation, and by Norton Appraisal Services, Inc.

Quotes and Text Box Information **from the Hard-Copy Version...**

“There is no power greater than a community discovering what it cares about.”

- Margaret Wheatly

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To access a searchable directory, by topic, of community resources available for families and children go to:

www.lpfcc.org

“Many things can wait. Children cannot. Today their bones are being formed, their blood is being made, and their senses are being developed. To them we cannot say tomorrow. Their name is today.”

- quote from Child Welfare League of America newsletter

“Healthier communities have the ability to shape their future based on a shared vision for the community. They are clear about where they want to go and realize that much is in their control..”

A Message to America from America’s Communities
Coalition for Healthier Cities and Communities, 2001

“A healthier community is not just some random outcome. It is instead the result of caring, committed individuals joining together in an ambitious effort.”

- *Message to America from the Coalition for Healthier Cities and Communities*

For a searchable directory of physicians in the area, by specialty, go to:
www.laplatacountymedicalsociety.org

Want to volunteer in your community?
Log on to the new local web site: www.volcentral.org

“Never doubt that a group of thoughtful, committed citizens can change the world. Indeed, it is the only thing that ever has. -Margaret Mead