

Sustaining A Healthy Community

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Wellness is personal and health care is local. Perhaps more than any other factor, the way we judge our quality of life is directly related to our personal health and well-being. Building and sustaining a healthy community requires that we work together to empower individuals to exert control over factors that contribute to health, support a strong health care delivery system, and guarantee access to health care for everyone. The Pikes Peak Region has many advantages—clean air and water, opportunities for outdoor recreation, and access to healthy food. Our task as a community is to use these fundamentals as a foundation to build a strong, healthy community.

A healthy community begins with healthy people. The way we live, work, play, and learn has an impact on our health as individuals and as a community. We can control what we eat, what we do, and how we manage our health care.

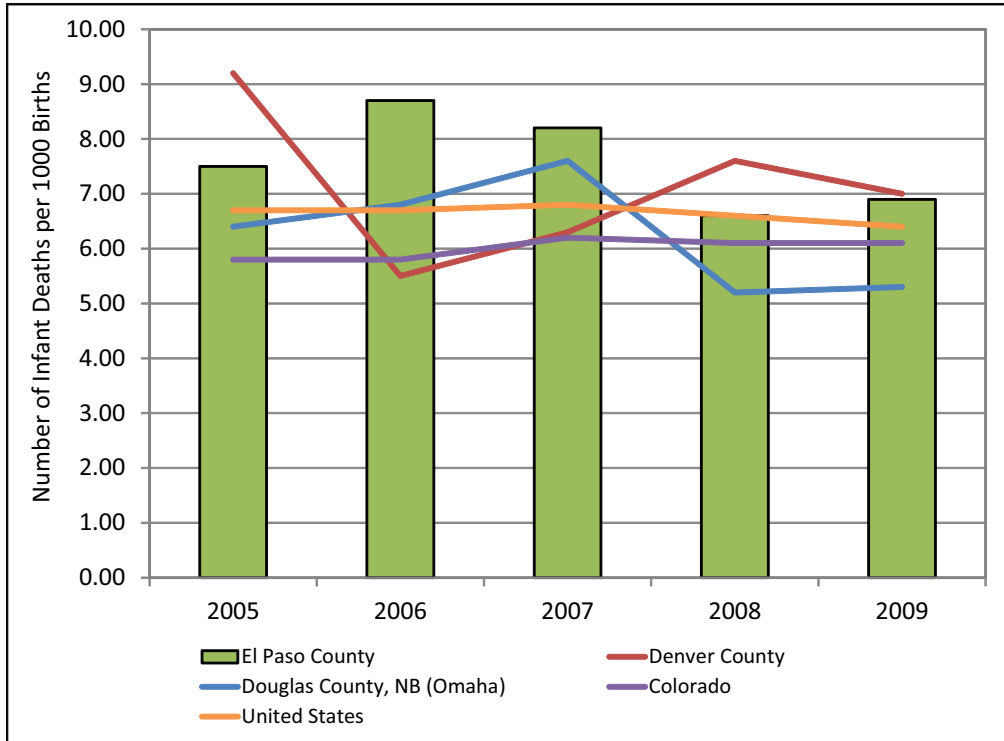
Health, for the community and for individuals, represents physical, mental and social well-being, not merely the absence of disease or pain. When people are strong and healthy, they are more productive at work and better equipped to meet the challenges of everyday life. When children have good nutrition and healthy lifestyles, they perform better in school. It's up to all of us to set high standards for the health of our community and its residents with an emphasis on wellness and prevention.

Health care costs continue to rise and the burden to the federal and state budgets, private businesses, and individuals appears unsustainable given growth projections. Last year's contentious health care reform debate reflects the passion and personal investment we all share in healthcare and access to care. Our community, like many others throughout the nation, faces current and future shortages of health care professionals—especially primary care physicians. This gap impacts us as individuals and also as a community, reducing our competitiveness in attracting new businesses. Unrelenting cuts to public health spending over the past decade undermine our ability to manage the community's health.

In the next few pages we hope to shed light on indicators that reflect our health and wellness to engage and empower our community. Some show progress and success while others demand our attention and action. In 2011 El Paso County Public Health is coordinating a community-wide health assessment, which will inform the formation of specific health goals. For next year, these goals will provide a benchmark for future Quality of Life Health indicators.

-Physical Health-

Infant Mortality in El Paso County



Source: Colorado Health Information Dataset

The Chart on infant mortality shows the rate of infant deaths from all causes in the first year of life, based on the number of deaths per 1,000 births.

The Table provides information about El Paso County rates compared to other Colorado Counties of similar population size.

Why is This Important?

Infant mortality can be used to measure a community's overall social and economic well being, as well as its general health. Communities with a persistently high infant mortality rate need to place increased emphasis on core public health in order to assess trends and gaps in community services provided to women and children.

How are We Doing?

- El Paso County's infant mortality rate has not met the Healthy People 2010 goal of 6.0 deaths per 1,000 live births. Although the infant mortality rate has not changed significantly in El Paso County since 2006, prevention efforts should continue in this area.
- El Paso County's rate of preterm and low birth weight infants has not changed substantially between 2005 and 2009.

Potential for Action

Increase access to prenatal care, which is associated with improved maternal and infant outcomes.

Action: The Alliance for Kids Health Integration Grant continues to provide prenatal outreach to the community and increasing access to insurance coverage and early prenatal care.

Continue to emphasize preconception (before conception) and inter-conception (time between pregnancies) care for mothers. Preconception and inter-conception care are thought to promote mothers' use of health care and adoption of healthy life styles, which contribute to reducing the number of low birth weight infants and the complications associated with low birth weight infants, premature births and infant mortality.

Action: El Paso County Public Health has formed a task force to look into potential ways to assess the need for education around Life Course Planning for Reproductive health.

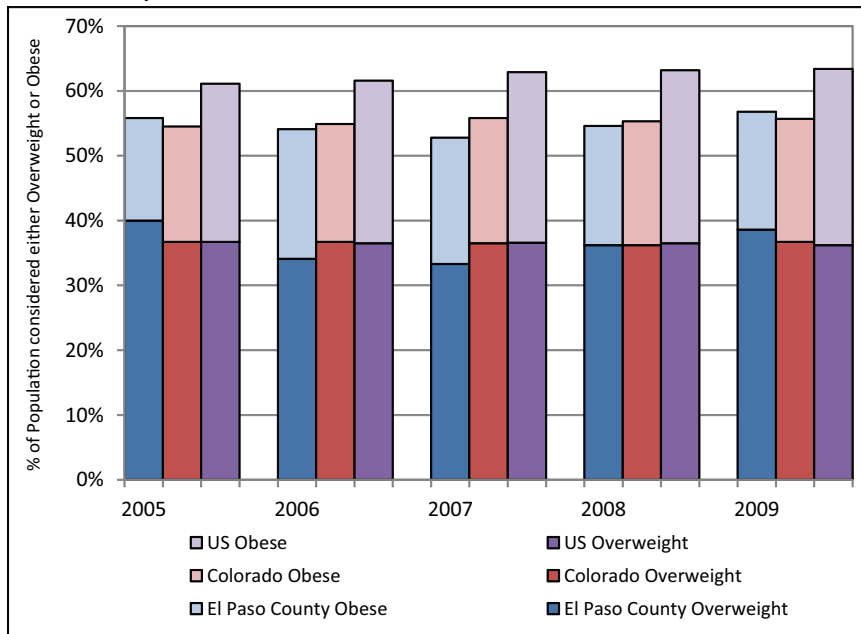
Continue to educate the public and professionals about safe sleeping environments for infants. Sudden Infant Death Syndrome remains the leading cause of death in the United States for infants aged one month to one year.

County	Infant Mortality Rate
El Paso	6.9
Arapahoe	6.9
Denver	7.0
Jefferson	5.2
Adams	7.7
State of Colorado	6.3

Source: Colorado Department of Public Health and Environment

Obesity and Cardiovascular Health

BMI Comparison Chart



Source: Smart Behavioral Risk Factor Surveillance System

The first Chart shows the percentage of people whose Body Mass Index (BMI) classifies them as either overweight (BMI of 25.0-29.9) or obese (BMI of 30.0+). Obesity continues to be a problem for Coloradans.

The second Chart shows the percentage of people who have cardiovascular disease or diabetes. While the rate of cardiovascular disease is growing slowly but steadily, the rate of diabetes is growing rapidly.

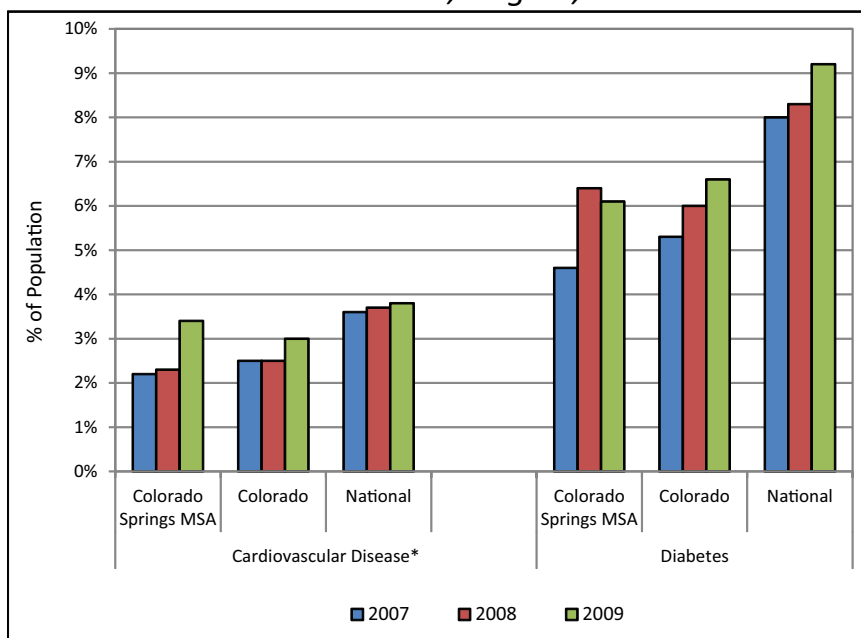
Why is This Important?

Obesity is a serious public health problem. As the second leading cause of preventable death, obesity is a complex health condition that involves environmental, genetic, physiological, metabolic, behavioral and psychological aspects. Obesity increases a person's risk for disability and can contribute to other chronic diseases such as heart disease, stroke and diabetes. Eliminating this epidemic is of vital public health importance. Obesity is the leading contributor to rising economic costs in terms of direct and indirect health care expenses in Colorado and the rest of the nation.

Four out of five adult Coloradans with diabetes were overweight or obese. The difference in obesity prevalence among adults with or without diabetes is dramatic: 44.9% compared with 17.5%. Being overweight or obese increases the risks of high blood pressure, high cholesterol, angina and coronary heart disease. In Colorado, adults with high blood pressure are more likely to be overweight (40.5%) or obese (32.9%).

Overweightness and obesity have complex origins. Evidence suggests that being overweight is influenced by issues such as genetics, the built environment, availability of particular foods, and cultural and social norms and values. However, at the individual level, the best predictor of obesity and overweightness are behavioral factors that influence energy balance. Simply put, the balance between the amount of energy a person consumes and the amount of energy a

Cardiovascular - Heart Attack, Angina, and Stroke



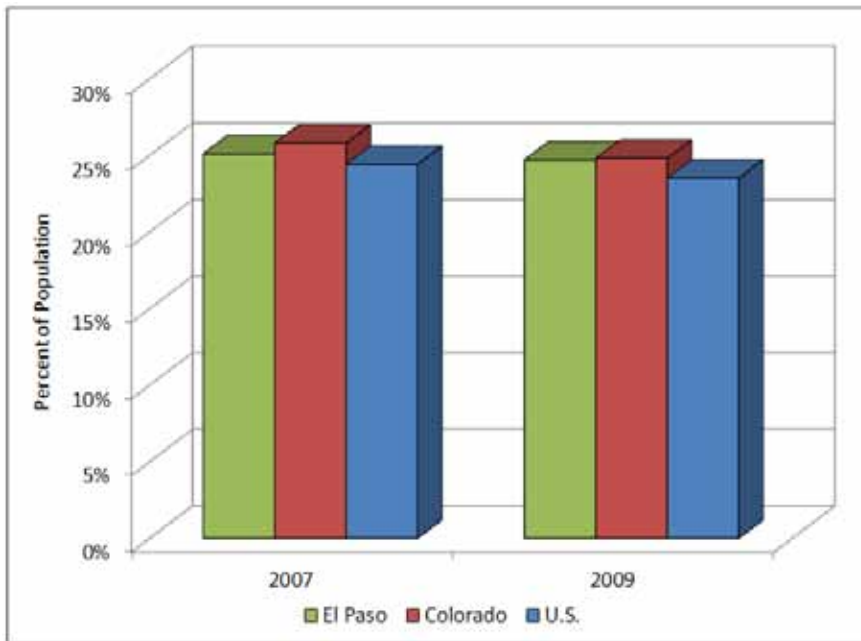
Source: Smart Behavioral Risk Factor Surveillance System

person expends is the most important predictor of being overweight or obese.

How are We Doing?

Colorado is the leanest state in the country, but adult obesity rates are climbing here at a faster rate than in the country as a whole. The adult obesity rate has more than doubled in Colorado since 1990 and now, like all other states, exceeds the *Healthy People 2020* target goal to reduce the number of obese adults to 30.6 % of the population. Colorado is second to Nevada for having the fastest growing rate of obesity in children – increasing 23% in just 5 years. While obesity rates are higher for low-income Coloradans, even those in higher-income brackets, who can most afford a healthy lifestyle, exceed the *Healthy People 2020* target.

Population consuming 5 or more Servings of Fruits/Vegetables per day



Source: Colorado BRFSS, 2007 and 2009

The first Chart shows the percentage of adults who report consuming at least five fruits and vegetables per day. Poor nutrition is a risk factor that, if modified, reduces the risks of being overweight or obese and their complications.

The second Chart shows the percentage of adults who currently get at least 30+ minutes of moderate physical activity 5 or more days per week, or vigorous physical activity for more than 20+ minutes three or more days per week.

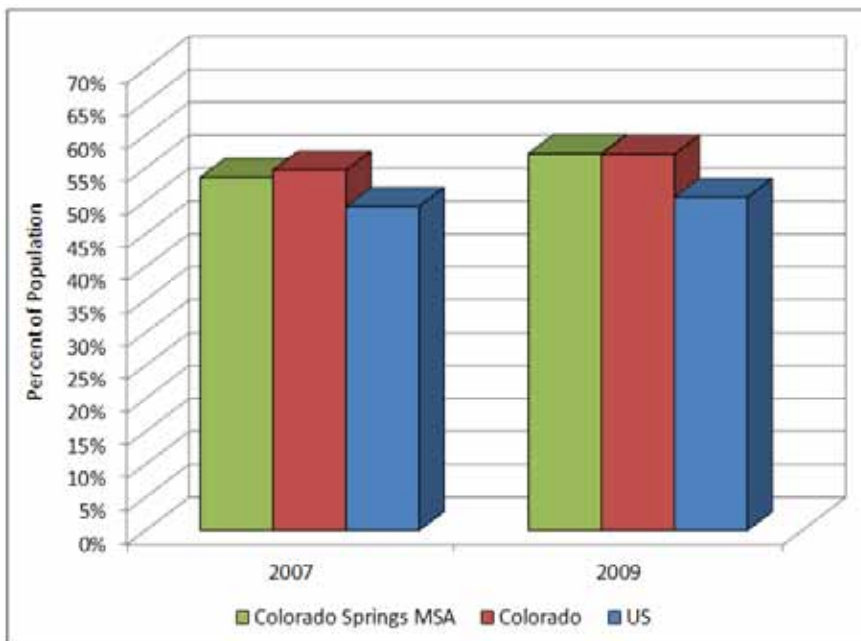
Why is This Important?

Consuming at least the recommended amount of fruits and vegetables decreases the risk for obesity. This is especially true if fruits and vegetables are substituted for foods that are high in fat and calories.

Physical activity is defined as any bodily movement that results in energy expenditure. U.S. adults should accumulate 150 minutes per week of moderate to vigorous physical

activity for health benefits. For those attempting to manage weight with physical activity, 60-90 minutes of moderate to vigorous physical activity per day is recommended. Moderate activity increases heart rate and respiration, and may even cause a person to break a sweat. Breathing hard and rapid respiration are signs of vigorous activity. Unfortunately, many Americans do not meet the minimum recommended level of physical activity for health benefits. Physical activity helps people lose or maintain weight, reduces risk for type 2 diabetes, heart attack, stroke, and several other chronic diseases.

Adult Population with 30+ Minutes of Physical Activity 5 days/week



Source: Colorado BRFSS, 2007 and 2009

How are We Doing?

Although the percentage of Coloradans who eat five or more servings of fruits and vegetables per day exceeds the national average, El Paso County lags behind state consumption of fruits and vegetables.

In addition, research shows that people in Colorado lag behind the nation in recommended nutrient intake of vitamin C, vitamin E, thiamin, niacin, iron, copper, and fiber.

While Colorado citizens and those in the Pikes Peak region are more active than their U.S. counterparts, more than 40% are still not active enough to accrue health benefits from physical activity.

Potential for Action

Two of the Healthy People 2020 national health objectives are:

- Reduce the rate of being overweight or obese among adults to less than 15%
- Reduce the rate of obesity among children and adolescents to less than 5%

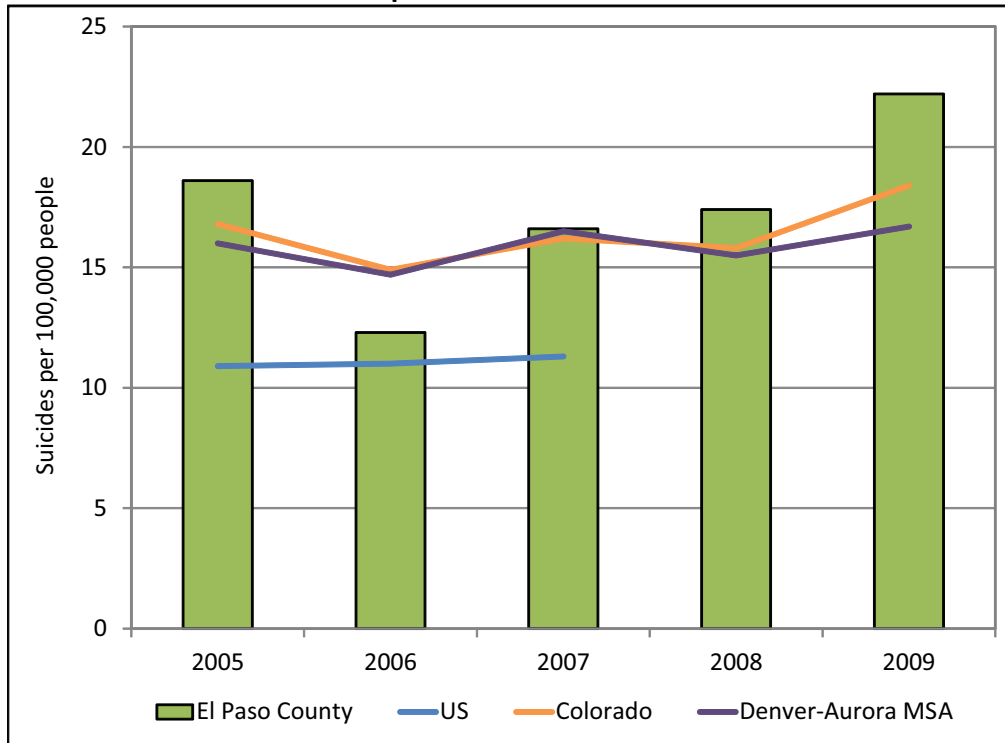
Meeting these goals and interrupting the increasing obesity trends in El Paso County will require citizens to make lifestyle changes. This effort must engage participants from all aspects of the community. It is recommended that the community support initiatives such as Live Well Colorado and Healthy Communities, which specifically address physical activity and nutrition. The community will also need to support policy-makers as they attempt to reduce the impact of obesity. Obesity related healthcare costs in 2009 were over 147 billion dollars. If the rate of obesity in Colorado continues, those costs will be harder if not impossible to contain. The Colorado Senate recently introduced a bill that would require schools to include 150 minutes of physical activity each week or 30 minutes per day in an effort to reduce childhood obesity.

Changes in the way people live and work greatly impact daily levels of physical activity. Those communities that embrace the built environment (aspects of a person's surroundings which are human-made or modified, as compared with naturally occurring aspects of the environment) promote the health of citizens. Policy and environmental change initiatives that make healthy choices in nutrition and physical activity available, affordable, and easy likely will prove most effective in combating obesity. By incorporating the built environment concept in planning and development, communities can promote health through the development of bicycle paths, the inclusion of sidewalks in subdivisions, rezoning for community gardens and local agriculture, and the allocation of parks and open spaces for recreation.

Photograph by NADKI

-Behavioral Health-

Suicide Rate Comparison



Source: Colorado Health Information Dataset, WISQARS Leading Causes of Death Reports

This Chart compares El Paso County suicide rates with those of Denver-Aurora Metropolitan Statistical Area (MSA) and Colorado. U.S. data were not available for 2008 and 2009. El Paso County has a relatively small population, and suicide is a relatively infrequent event. For these reasons, it is important to look at suicide rates over several years.

This chart demonstrates that the suicide rate per 100,000 is more variable for El Paso County than for Colorado or the U.S.

Why is This Important?

In 2009, Colorado had the highest recorded suicide rate in over two decades. The number of people who died by suicide surpassed the number of those who died by influenza, pneumonia, car accidents, and diabetes. El Paso County suicide rates for 2004-2009 are notably higher than for the Denver-

Aurora MSA and Colorado. During 2005-2009, except for 2006, the annual suicide rates for El Paso County equaled or surpassed the rates for the Denver-Aurora MSA and Colorado.

How are We Doing?

Suicide in El Paso County continues to be a significant and growing health problem. Over the six-year span reported in the chart above, approximately 18 per 100,000 Colorado citizens and nearly 17 per 100,000 for the Denver-Aurora MSA were suicide victims versus 22 per 100,000 in El Paso County. The resources and community-wide commitment toward suicide prevention in the Pikes Peak region continue to be inadequate for the number of completed and attempted suicides each year. Services in El Paso County remain poorly funded and largely dependent upon volunteers and there are few professional resources for people who attempt suicide. Beyond the social and emotional impact, suicide and suicide attempts have significant economic consequences. Medical costs for suicide and suicide attempts in El Paso County are estimated at \$4 million annually. For a suicide attempt, average medical costs, combined with lost work, are approximately \$25,000 per attempt. For completed suicide, these costs are 58 times higher or \$1.45 million per suicide.

Potential for Action

A recently launched study by Colorado State University, in collaboration with the Colorado Office of Suicide Prevention, will examine and assess Colorado Springs' suicide referral network using social network analysis. CSU's Project Safety Net hopes to identify a more effective means of preventing suicide by using research outcomes to facilitate dialogue and action-planning, strengthen suicide referral network relationships, and build capacity.

Gauging community behavioral health can be complex and suicide is only one indicator of the overall mental health of a community. El Paso County is profoundly lacking in data on the mental wellness of its community members. Past QLI reports have relied solely on state and national mental health data for overall assessment; however, in preparing this year's QLI, the state and national data were determined to be out dated and therefore irrelevant. Implementation of a comprehensive community-based prevention program could improve El Paso County's suicide rate. This should be supplemented with an overall assessment of community mental health.

Some communities have recognized the need for a broader approach to understanding and evaluating community mental health. Austin, Texas, for example, targeted improvement of key behavioral health indicators with local relevance and included a broad range of services and providers. The goal is to become a national model of a mentally healthy community. Programs like this would be beneficial for El Paso County.

Suicide Among Special Population Groups - Rates per 100,000 People

	United States 2007	Colorado 2006-2009 Avg	Denver-Aurora 2006-2009 Avg	El Paso County 2006-2009 Avg
Teens 15-18 years	6.0	11.1	9.5	15.2
Males 25-54 years	24.0	32.7	32.1	37.3
Seniors 65+ years	14.3	21.1	19.7	20.3

Source: Colorado Health Information Dataset, WISQARS Leading Causes of Death Reports, Colorado Department of Public Health and Environment

This Table examines the rate of suicide for specific subgroups at high risk or having special significance to the Pikes Peak region. It's intended to illustrate only those groups in our local population with notably high suicide rates - not all age or other population groups. This tactic is consistent with a public health approach to risk determination.

Previous Quality of Life Indicators reports included El Paso County suicide rates for individuals 85+ years. Although the suicide rate per 100,000 among this age group is high, the number of individuals is very low. This chart aggregates suicides for all individuals 65+ and shows the average suicide rate per 100,000 for 2006-2009.

Why is This Important?

Identifying and tracking these subgroups allows employment of a selective type of suicide prevention strategy focusing on subgroups of people who are at increased risk. Suicide is a leading cause of death among adolescents and young adults. The Colorado, Denver-Aurora MSA, and El Paso County suicide rates for 15-18 year olds are notably higher than the national rate, with the rate for males higher than that for females. Traditionally in the U.S., about 75-80% of completed suicides are among males and about 20-25% among females.

El Paso County veterans have an alarmingly high suicide rate at 50.5 suicides for every 100,000 veterans in the county in 2009 - more than twice the rate of the El Paso County general population.

The 65 and older age group is growing as a percentage of our state and county population and the suicide rates for the U.S., Colorado, and El Paso County all show an increase over suicide rates for this population reported in the 2010 QLI.

In addition to the subgroups above, numerous research studies have found major individual risk factors for suicide and suicide attempts to include gay, lesbian, bisexual, or transgender identity. A 2009 survey of the GLBT population in El Paso County also reported evidence of this subpopulation risk factor. More data are needed on the suicide risks for this population.

How are We Doing?

There is still a compelling need for concentrated prevention services for each of these special population groups. Every QLI report since 2007 has reported higher Colorado and El Paso County suicide rates for teens, males (25-54 years), and seniors compared to national figures. El Paso County veterans have an alarmingly high suicide rate' 50.5 suicides for every 100,000 veterans in the county in 2009.¹ This is more than twice the rate for the El Paso County general population.

Potential for Action

A selective approach should consider interventions that are bio-psycho-social, environmental, and socio-cultural. Given the available data, the priority groups for intervention should be males (25-54 years) and veterans.

¹ State and county suicide mortality data for veterans were obtained from a special data analysis conducted by the Colorado Department of Public Health and Environment.

Photograph by Mikael Damkier

Substance Abuse

	United States	Colorado	NIH Survey Region including Denver Metro Area	NIH Survey Region including El Paso County
Illicit drug use in past month (includes marijuana)	8.1%	10.9%	12.0%	8.5%
Binge alcohol use in the past month (5+ drinks on 1 occasion)	23.3%	26.2%	27.2%	21.4%
Cocaine use in past year	2.3%	3.2%	3.5%	2.5%
Nonmedical use of pain relievers in past year	5.0%	5.5%	5.7%	4.8%

Source: Office of Applied Statistics, Substance Abuse and Mental Health Services Administration

This Chart shows the estimated percentage of population greater than 12 years of age with illicit drug and alcohol dependence in the past year. U.S. and Colorado data are from SAMHSA’s Office of Applied Statistics. Regional data were derived from National Institutes of Health (NIH) survey regions which include the Denver Metro area and El Paso County.

Why is This Important?

Drug and alcohol dependence have a detrimental effect on the overall health of a community and burden a broad spectrum of community services, including law enforcement, public safety, corrections, child welfare, social services, and medical and mental health care. In addition, the National Surveys on Drug Use and Health found that depression, substance dependence, and the inability to access help for substance abuse are all risk factors for suicide.

How are We Doing?

In terms of illicit drug dependence during the past year, the NIH Survey Region that includes El Paso County is slightly lower than those estimated percentages of the population for the U.S., Colorado, and the NIH Survey Region that includes the Denver Metro area. The percentages of El Paso County residents reporting ‘alcohol dependence in the past year’ and ‘needed but did not receive drug or alcohol treatment’ are approximately equal to or slightly lower than the U.S., Colorado, and the NIH Survey Region that includes the Denver Metro area.

Potential for Action

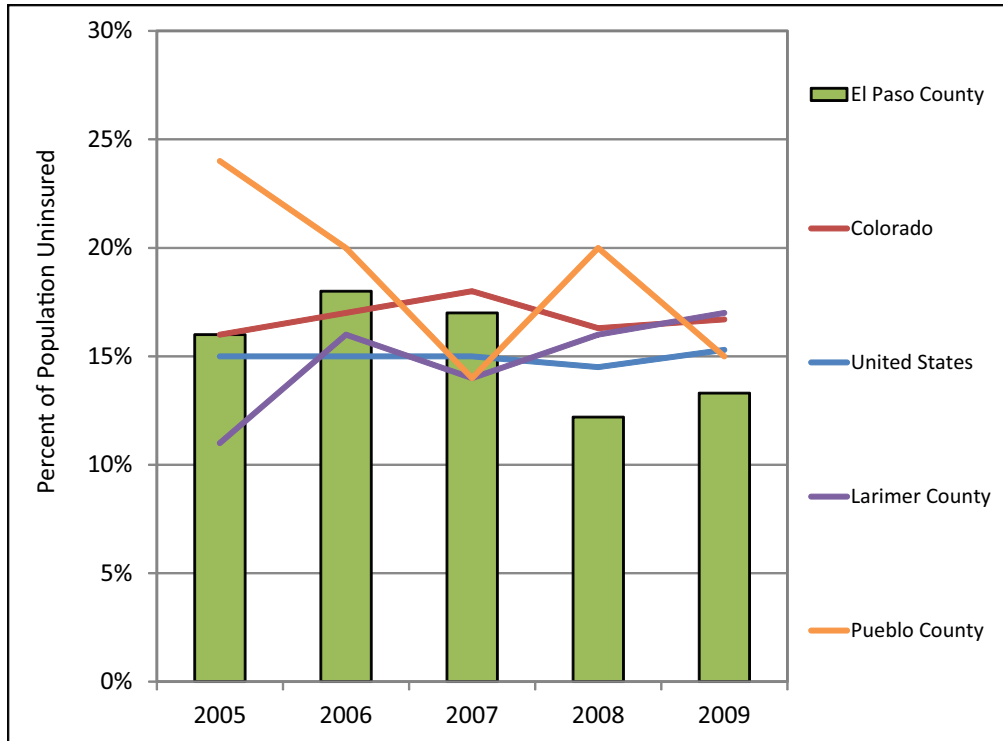
There is a need to fund recovery services to support gains made in substance abuse treatment services. Effective treatment for substance dependence requires viewing persons as a whole rather than simply by their addictions. This means that recovery support services, such as assistance with transportation, housing, and childcare, are necessary to help people get into treatment and support and maintain gains made in treatment. Currently there is only enough public funding to cover basic services such as intake/assessment, treatment plans, crisis intervention, and therapy/counseling for those with the most severe problems.



Photograph by Lobke Peers

-System Infrastructure and Capacity-

Citizens without Medical Insurance Comparison



Source: Colorado Department of Public Health and Environment, Colorado Behavioral Risk Factor Surveillance System

This Chart shows the percentage of uninsured people in El Paso County, Colorado and the United States. The El Paso County data is also broken down by age groups, and demonstrates that from 2008 to 2009, El Paso County saw an increase in the percentage of uninsured from 12.2% to 13.3%.

Why is This Important?

One of the critical issues with our healthcare system is the number of uninsured. There were over 50.7 million uninsured Americans (14.4% of all Americans) in 2009. The uninsured are consumers of healthcare, primarily in Emergency Rooms. Since the care provided to those uninsured individuals is largely uncompensated, the hospitals and doctors are forced to pass the expenses for providing this care on to the insured population. This causes large increases in the costs of

insurance premiums. The rise in insurance premiums makes health insurance less and less affordable for companies and individuals. More companies are forced to drop health insurance for their employees due to cost and this raises the number of uninsured. Historically, many uninsured people have not sought healthcare until they were critically ill and need to use emergency rooms. As the population has grown and the economy has declined, this issue has caused an increased financial burden on hospital systems and the wider community.

How are We Doing?

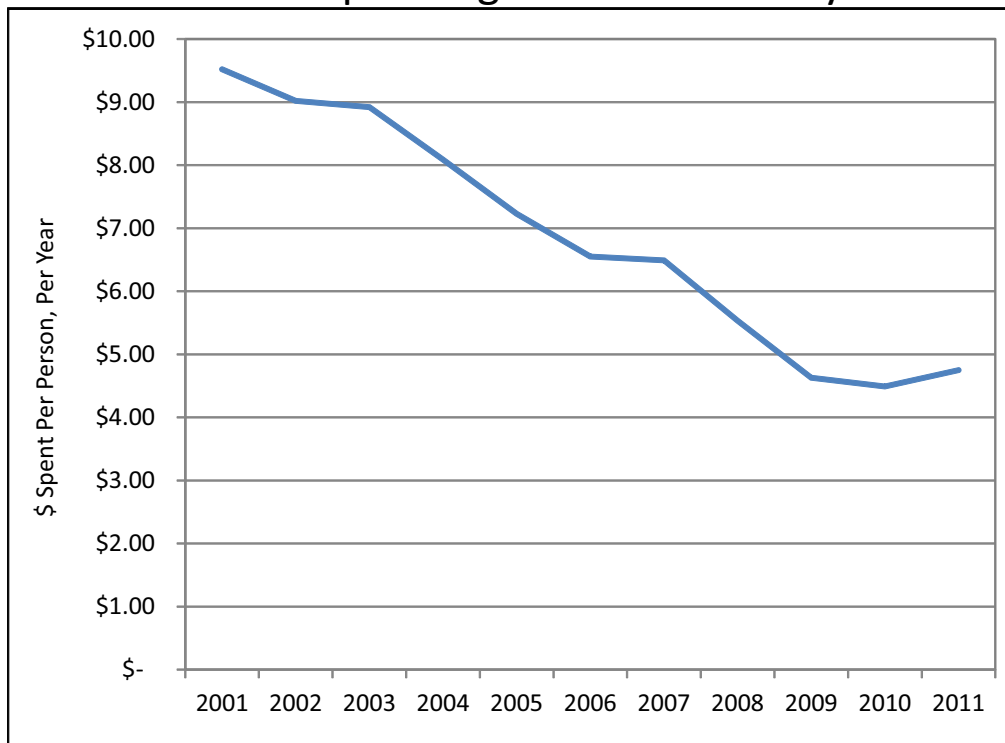
Our local hospitals, Penrose St. Francis and Memorial, have provided hundreds of millions of dollars in uncompensated care for injured and ill people. In 2009, Memorial provided \$73.1 million in direct community benefit. This includes the unreimbursed cost of providing medical care to those who cannot afford to pay. More than 700,000 Coloradans are without health insurance and, as a result, growing numbers are facing difficulties in paying for medical care. Penrose St. Francis believes that hospitals should have the ability to offer discounts to those who are unable to obtain insurance and do not meet charity care criteria.

The Pikes Peak Region has responded to the lack of capacity to provide care for the underinsured and uninsured with the formation of the Community Health Partnership (CHP) with the goal of improving communication and collaboration regarding healthcare. CHP is a group of 23 partnering community health care organizations and individuals committed to collaboration on health care issues affecting our community.

Safety Net System for Uninsured and Underinsured

- **Pikes Peak United Way maintains a 2-1-1 hotline to help people find access to care.**
- **Clinics**
 - o Peak Vista Community Health Centers is a non-profit Federally Qualified Health Center (FQHC) that provides primary care, women's health, obstetric and dental care, health education, immunizations and behavioral health care to underinsured, uninsured, and homeless patients. Peak Vista provided care to over 60,000 patients in 2010.
 - o Mission Medical Clinic, a faith based organization for adults, serving low income adults with no coverage and no access living in El Paso and Teller counties with chronic disease conditions.
 - o Open Bible Medical Clinic, a faith based organization provides medical care and medications for hundreds of patients per year.
 - o SET Family Medical Clinics operates as a safety net provider and provides care for hundreds of patients per year.
- **Prescription Medicines**
 - o Prescription Assistance Service Solution (PASS), a program designed to help physician offices and community clinics assist qualified low-income patients in accessing drug manufacturer patient assistance programs.
 - o TLC Pharmacy, a non-profit pharmacy that provides prescription medications to enrolled low-income members.
 - o Peak Vista also maintains two pharmacies to provide prescription medications to registered patients.

Public Health Spending in El Paso County



Source: El Paso County Public Health

This Chart: Since 2001, El Paso County Public Health has experienced significant and frequent funding cuts from El Paso County, a total of nearly \$2.1 million, or 41%. Over the same time period, numerous prevention programs and services have been scaled back or eliminated. Staffing reductions have resulted in a 28% workforce reduction since 2000. The slight funding increase of \$150,000 in 2011 is designated to pay for increased expenses at the new facility.

Funding Sources and Designations:

The majority of El Paso County Public Health's \$14,878,963 annual budget (2011) comes from grants/contracts (57%). The State of Colorado provides 94% (\$7,972,148) of the total grant/contract funding. El Paso County provides \$2,953,948 (20%) of total funding, and the State of Colorado provides

\$841,178 (5.7%) in per-capita funding. Of the \$2,953,948 in county funding, public health returns \$2,259,229 to El Paso County for facility expenses, purchase of benefits, and information technology assistance leaving \$694,719 towards public health services.

Please note: Funding from El Paso County and state per capita funding is allocated for core public health protection services. Grant and contract funding is restricted for specific purposes approved by grantors. Each El Paso County taxpayer pays less than \$5 per year for core public health protection services.

Why is This Important?

Public Health's work concentrates on protecting and promoting health in the community and striving to assure the conditions in which people can be healthy. Public health practice is population based, focusing on wellness and prevention using epidemiology, biostatistics, environmental science, management sciences, and behavioral and social sciences. When funding is inadequate the agency can not retain and recruit qualified public health experts to provide essential public health services. The ability to reinstate essential services previously eliminated or scaled back cannot be accomplished with the current level of funding.

How are We Doing?

The National Association of County and City Health Officials (NACCHO) states that 44% of local health departments reported their current year budget is lower than the previous year; 40% had to cut programs; and 29,000 public health jobs were lost due to layoffs or attrition from 2008-2010.

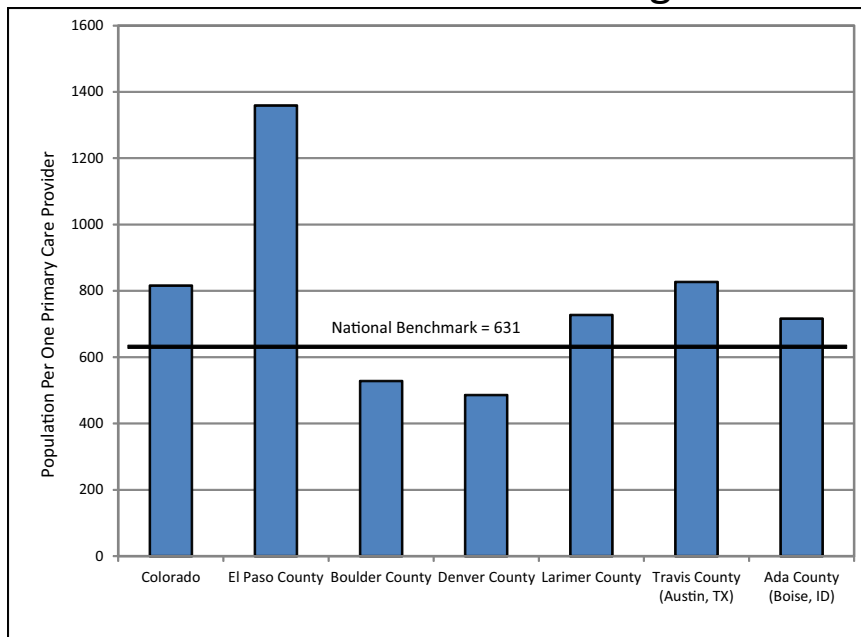
When comparing local per capita funding among public health agencies in Colorado, El Paso County Public Health receives \$4.66 per-person per-year to provide public health services in El Paso County (including all of the towns and cities within). Some public health agencies receive more than double and triple in local per-capita funding for prevention programs such as Pueblo City-County at \$12.62; Weld \$12.67 and Boulder at \$18.98. Local per-capita is the gross amount of funding received by local public health agencies from local government to provide public health services.

As stated in a 2009 report from the Robert Wood Johnson Foundation and by the NACCHO, reduction of services will result in more infectious diseases such as tuberculosis, meningitis, hepatitis, sexually transmitted diseases and other serious diseases because fewer people will be tested and treated. Funding cutbacks also translate into fewer community-based interventions mounted against chronic diseases such as diabetes and asthma, further escalating illness, disability and health care costs.

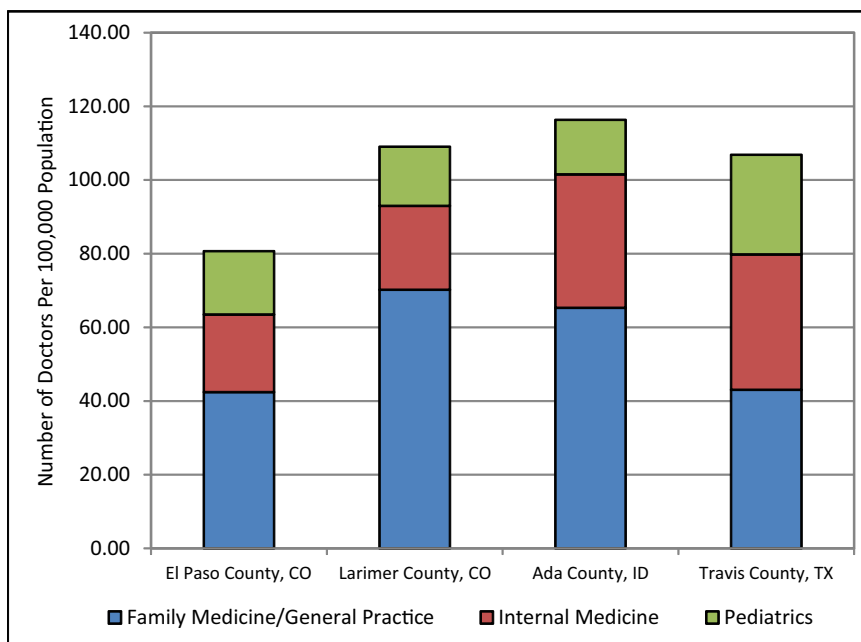
Potential for Action

- Increased community partnerships and collaborations are needed to assure the public's safety is protected.
- Increase community education on the role and importance of public health and how it affects every resident of El Paso County.
- Establish funding mechanisms to ensure delivery of core public health services.

Healthcare Professional Shortages



Source: Colorado Health Foundation, 2010 Robert Wood Johnson County Rankings Study



Source: Colorado Health Foundation

These Charts indicate Colorado county trends in number of Primary Care Providers (PCP) as well as Physician specialties among different counties.

Why is This Important?

“If current trends continue, by 2025 there will be a statewide shortage of nearly 2,200 primary care providers.”

- Colorado Health Institute

The Council on Graduate Medical Education recommends that “patient care generalists” comprise 40% of the total physicians in a community. This means that El Paso County, at about 27%, would have to almost double its current number of PCPs.

Other health professions will also continue to be in demand. 91 additional Registered Nurses (RN) will be required to meet the ratio of physician to RN at the 40% recommendation. Physician Assistants (PA) and Nurse Practitioners (NP) will also shortfall by a minimum of 10% based on current figures and 2019 projections.

How are We Doing?

El Paso County held its own with 2.2 physicians per 1,000 people. Certain specialties including primary care are in short supply, matching national trends. According to the AMA, El Paso County has a 30% PCP count, just 10% off the recommended figures. The figure for total physicians continues to hold at about 27%.

RN figures fell in 2010; this crisis continues to plague our service area, and nursing continues to be one of the top careers for hiring in Colorado. PA numbers remained flat, and NP numbers grew 2%, showing promise for bridging the gap for patient access.

Potential for Action

The Pikes Peak Region is fortunate to have several initiatives currently addressing access to care. Community Health Partnership was granted the Regional Collaborative Care Organization for Medicaid patients. Several provider organizations and both hospital

systems are involved in the Health Information Exchange process, led by the Colorado Regional Health Information Organization. Several of those same provider groups are working with state medical institutions to expand potential for medical residencies, as over 50% of residencies remain in the area in which they completed their residency.

Payment policy reform continues to be a priority for action. The movement to a value/outcomes based system is beginning and requires collaboration from all walks of the health care system. The Colorado Business Group on Health, several insurance plans and other provider representative entities are committed to outcomes based medicine as well. Models like Patient Centered Medical Home are taking hold in many parts of our community and truly put health care value and outcomes at the center of health care delivery.

	2010	2019 Projected
Registered Nurses	5,943	6,669
Physicians	1,363	1,634
RNs per Physician	4.36	4.09

Source: Colorado Health Foundation