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## CU Myth Busters

CU Advocacy Day  
January 31, 2017

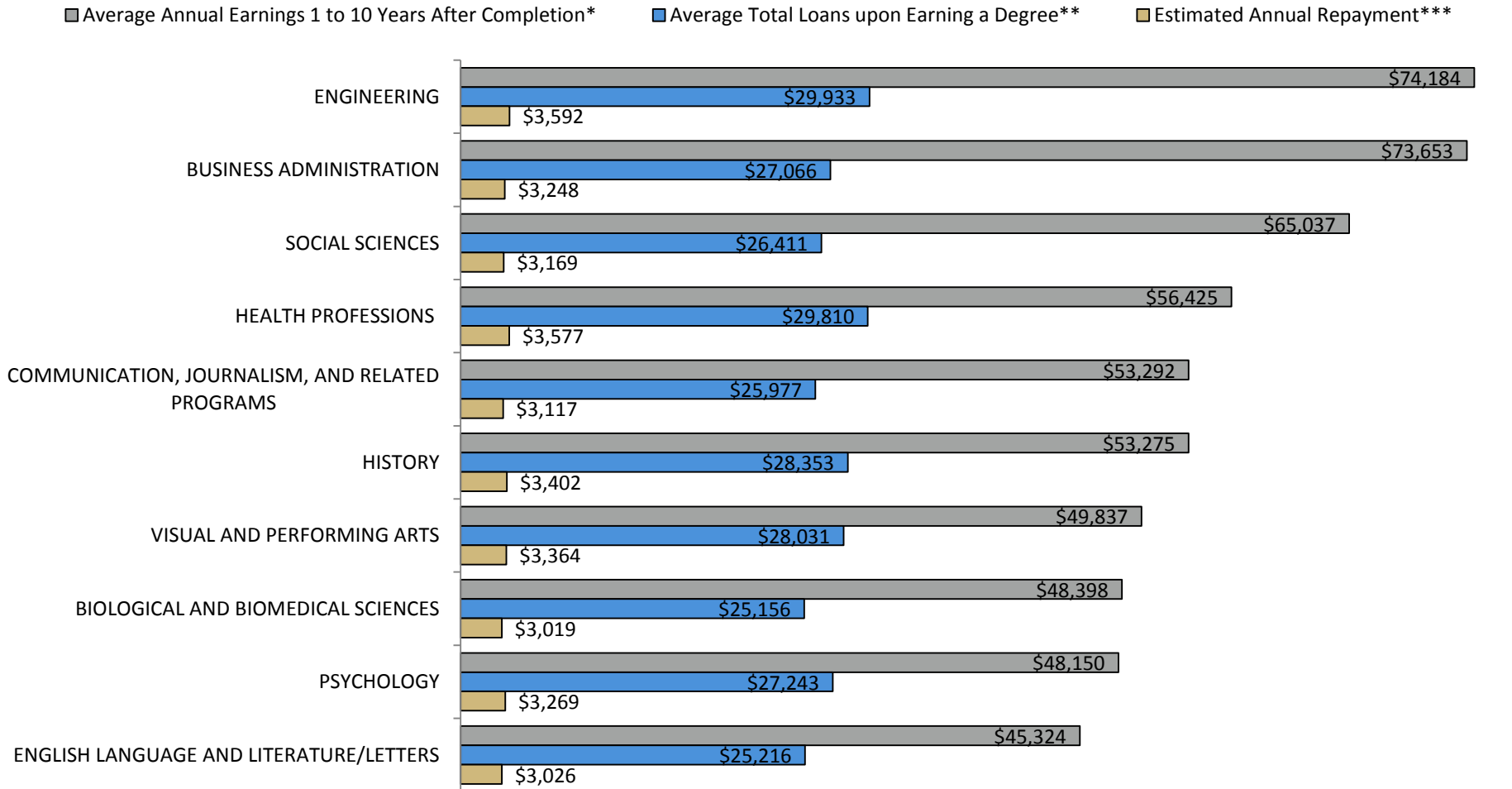


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# MYTH: College isn't worth it.

## Average Earnings by Degree Type vs. Average Loans (FY 2015)



\*Per CU System wide Alumni Survey FY 2006 - FY 2015

\*\*CDHE SURDS 2015

\*\*\*Assumes Standard 10 year repayment at 3.9%



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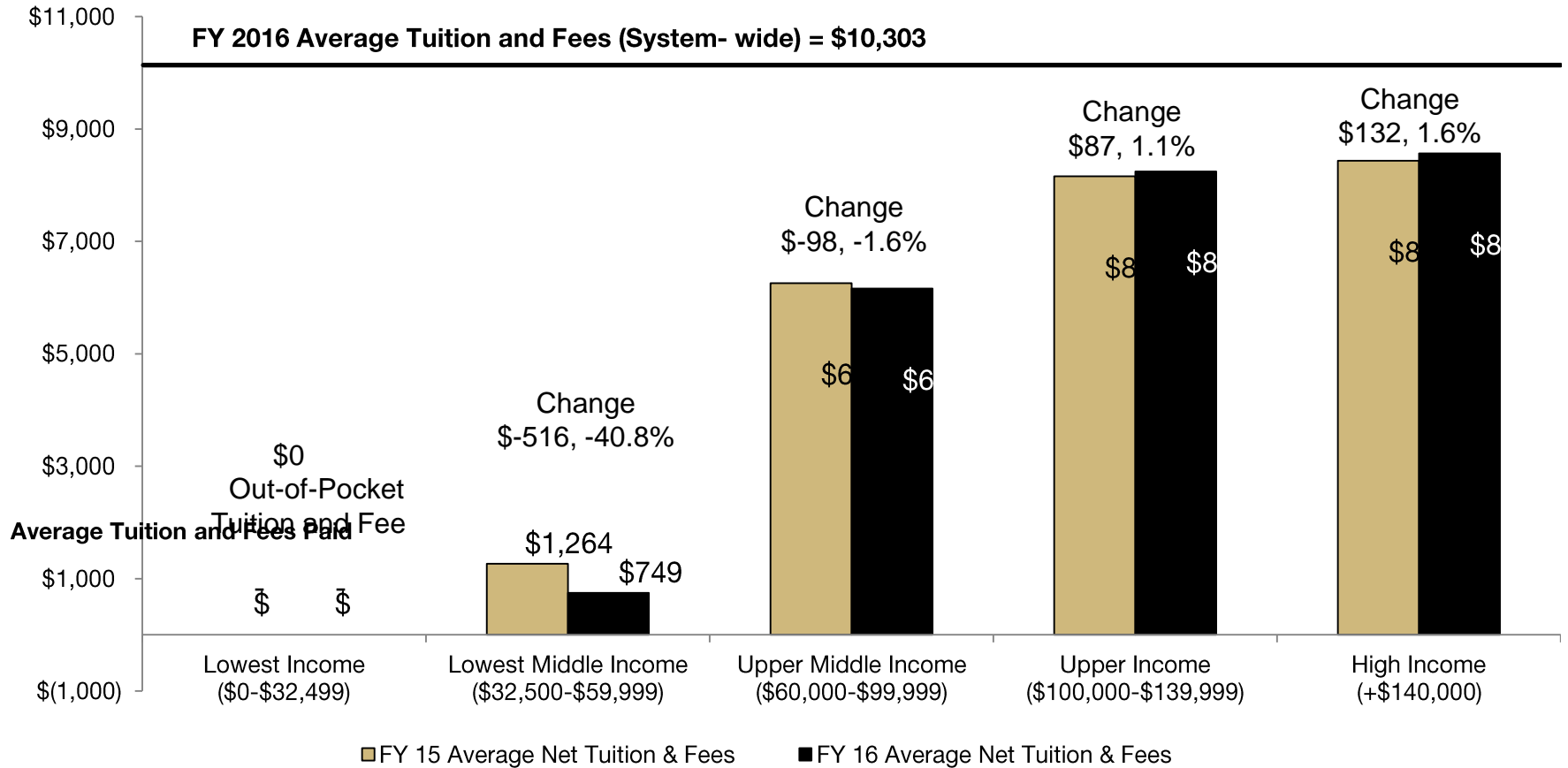
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# MYTH: Higher education is becoming less affordable every year

## Resident Undergraduate Out-of-Pocket Tuition and Fees

Average Published Tuition and Fees System-wide: FY 2015, \$9,923; FY 2016, \$10,303 (+\$380, 3.8%)

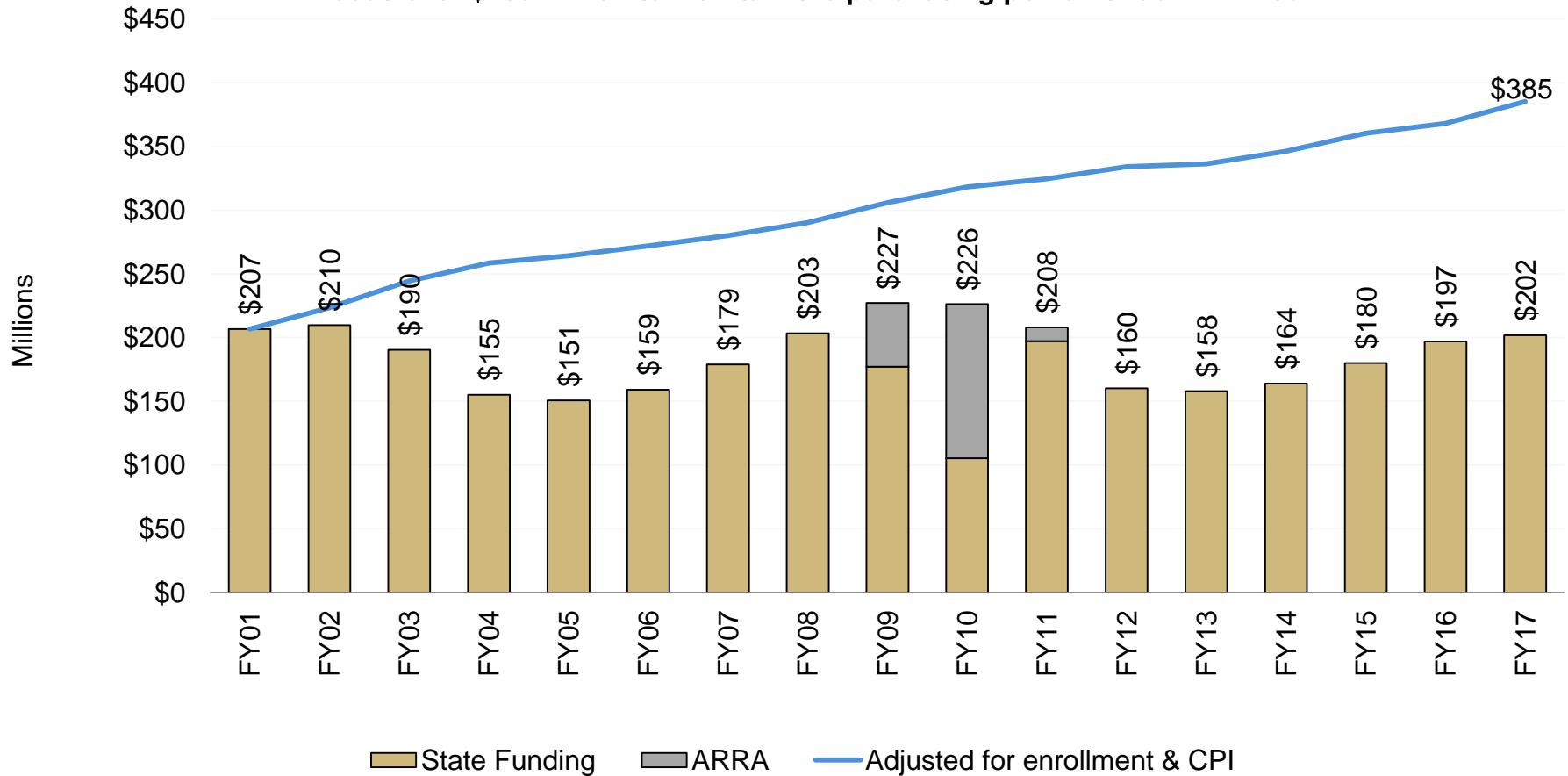


Note: Based on full-time, dependent students who applied for aid.

# MYTH: Funding for higher education has been maintained since early 2000

## History of State Funding

Adjusted for inflation and enrollment, the university needs over \$180 million to maintain the purchasing power it had in FY 2001.



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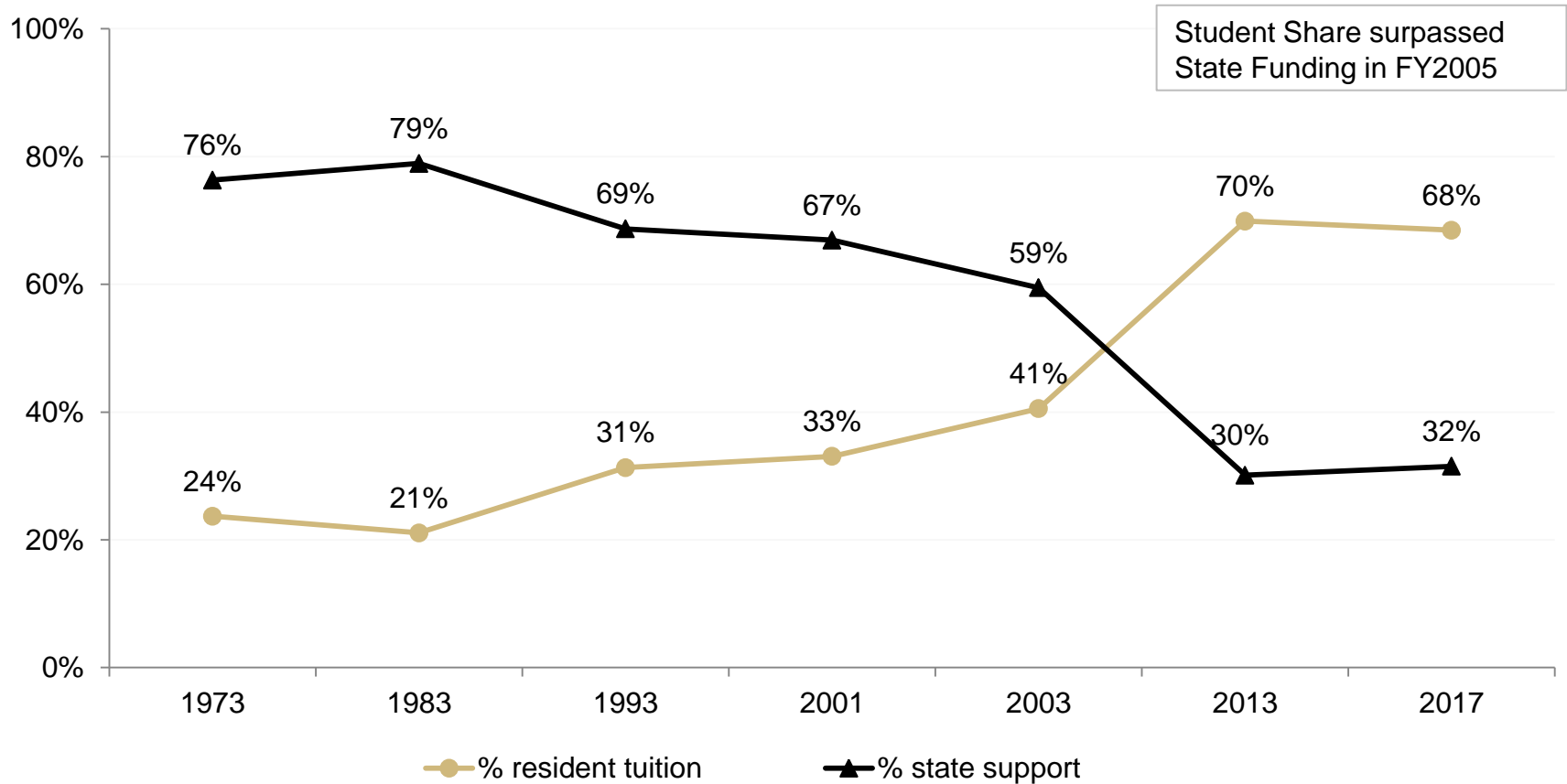
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# MYTH: The state still covers most of the cost of higher ed

## History of CU State Funding + Tuition

The balance between state support and tuition revenue has changed markedly since the 1970s.



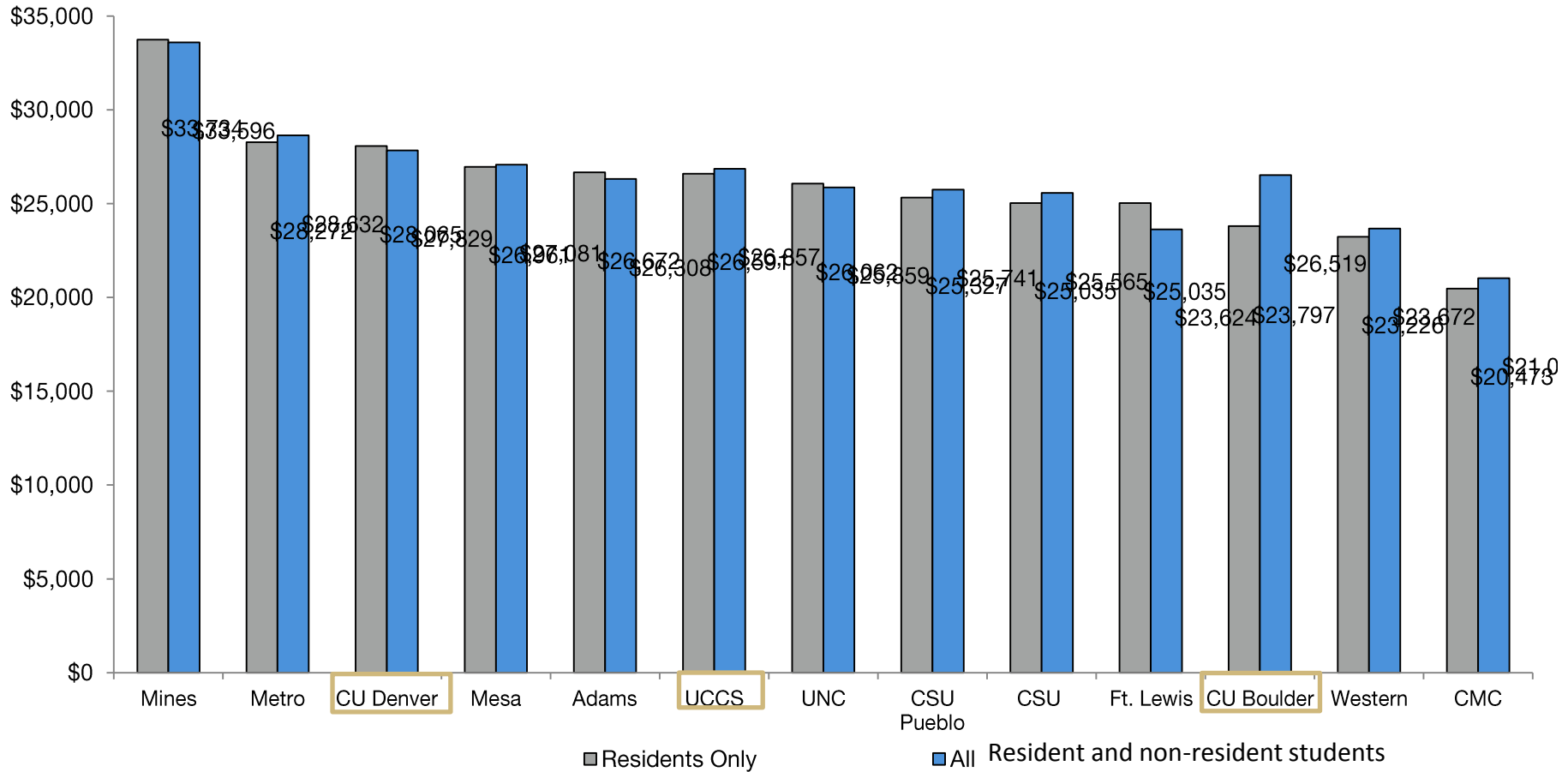
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# MYTH: College students are graduating with \$100K of debt

## Average Undergraduate Debt Load Upon Graduation (FY2015)

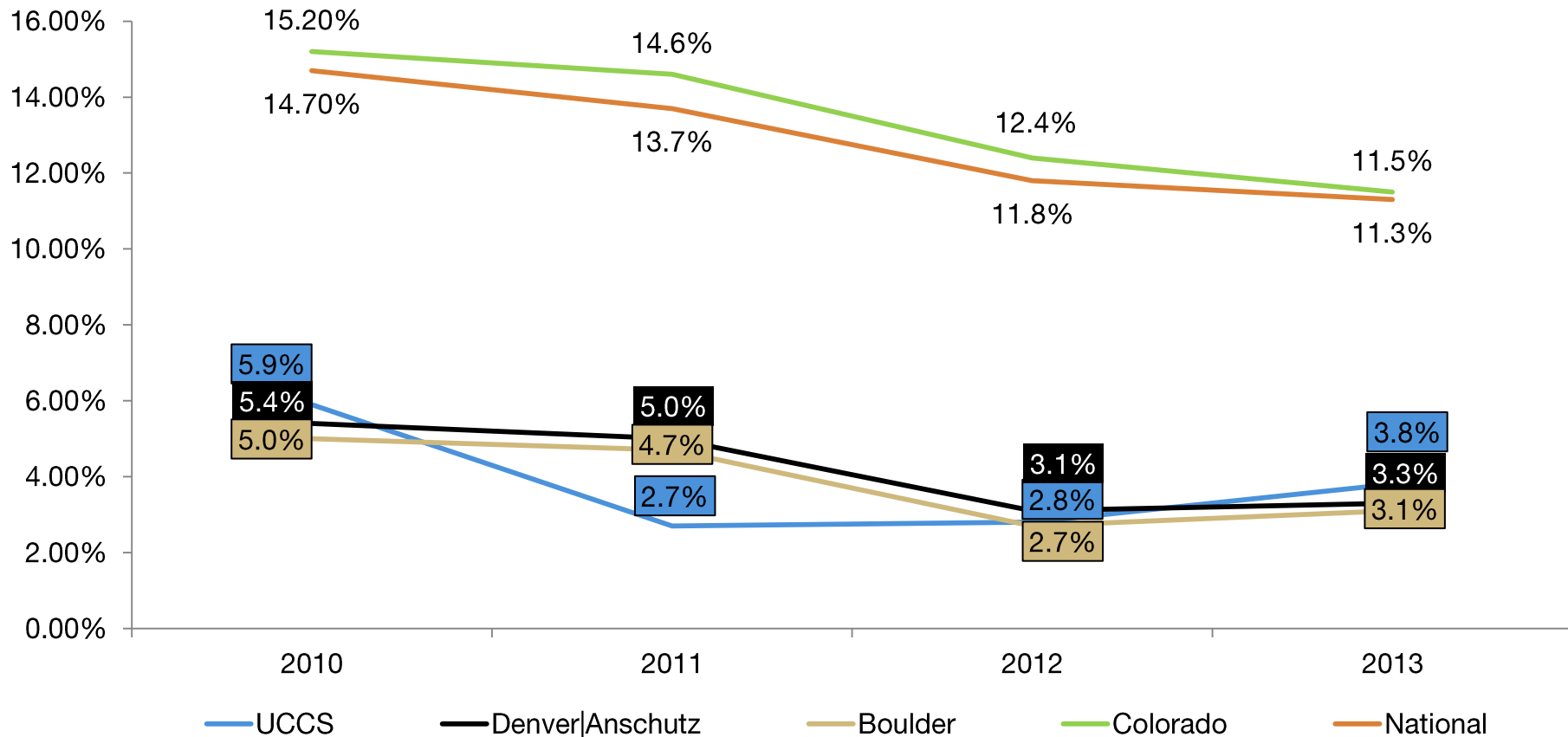


Source: Colorado Department of Higher Education  
 CU Anschutz Medical Campus undergraduate nursing students not included here.

# MYTH: CU students can't afford to pay their loans

## CU Student Loan Default Rates

Cohort Default Rates 3 Years After Entering Repayment



Source: Colorado Department of Higher Education  
 CU Anschutz Medical Campus undergraduate nursing students not included here.



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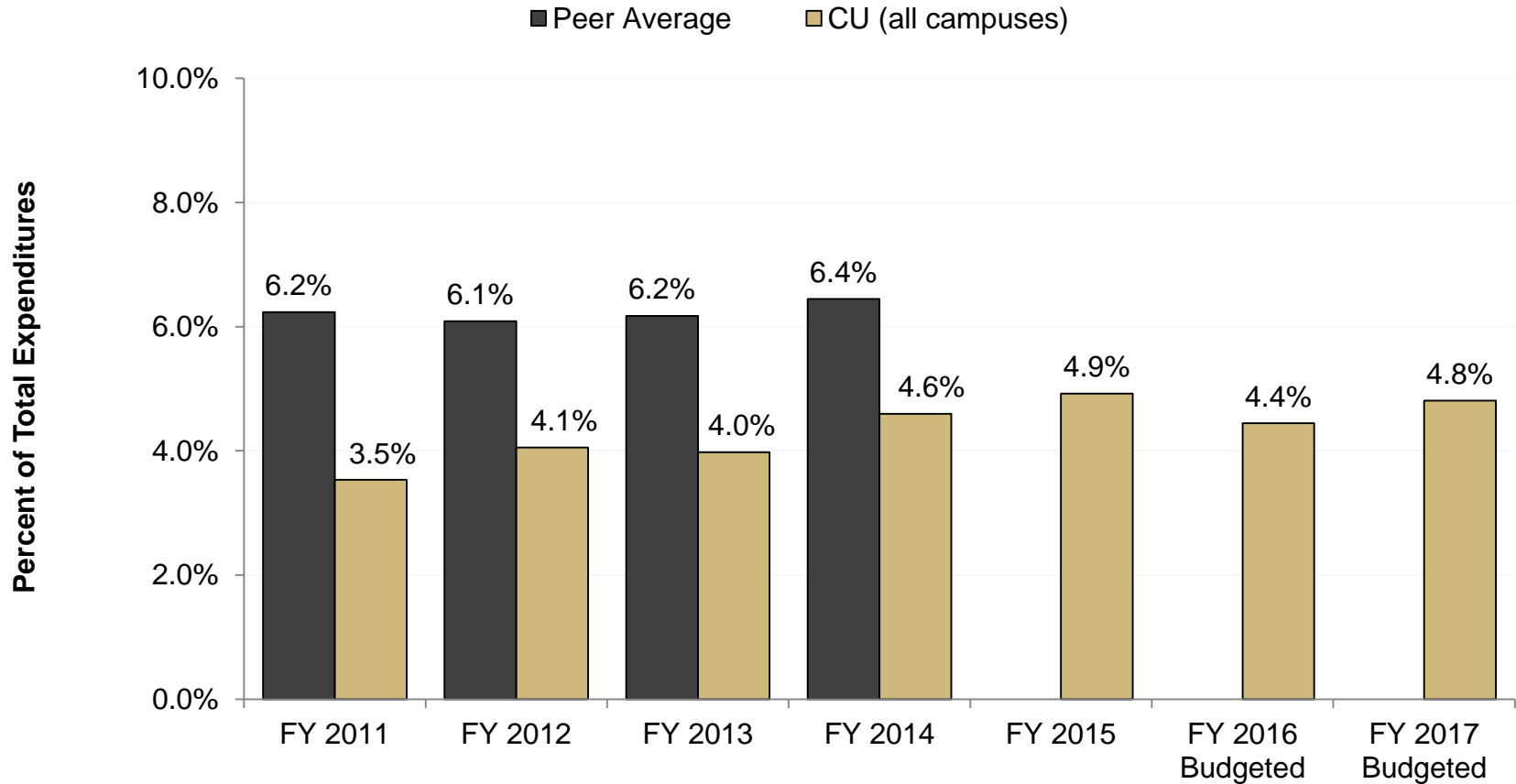
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# MYTH: CU administration is bloated

## % Admin Expenditures compared to National Peers

The proportion of CU's administrative expenditures to total expenditures is consistently well below the average for peer institutions



Source: FY11 to FY15 from IPEDS Finance (Institutional Support); Budgeted Expenditures from CU System Office of Budget & Finance  
Note: FY 2013-14 is the most recent data available for peer institutions at the time of publication.



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## **Inspiring Students to Practice in Rural Colorado**

University of Colorado  
School of Medicine's  
Rural Track

Mark Deutchman, M.D.

Director and Associate Dean for Rural Health

Melanie DeHerrera

Coordinator

Roberto Silva, M.D.

Assistant Director



# **Colorado's Need**

- **Colorado is 2/3 rural or frontier counties**
- **Most are fully or partially short of primary care**
- **Medicaid expansion in Colorado has extended coverage to a large number of previously uninsured people**
- **We need to increase rural Colorado's physician and PA workforce**





Colorado Department of Public Health and Environment

# Primary Care

## Health Professional Shortage Areas (HPSAs)

Map Prepared By:

Colorado Department of Public Health and Environment GIS

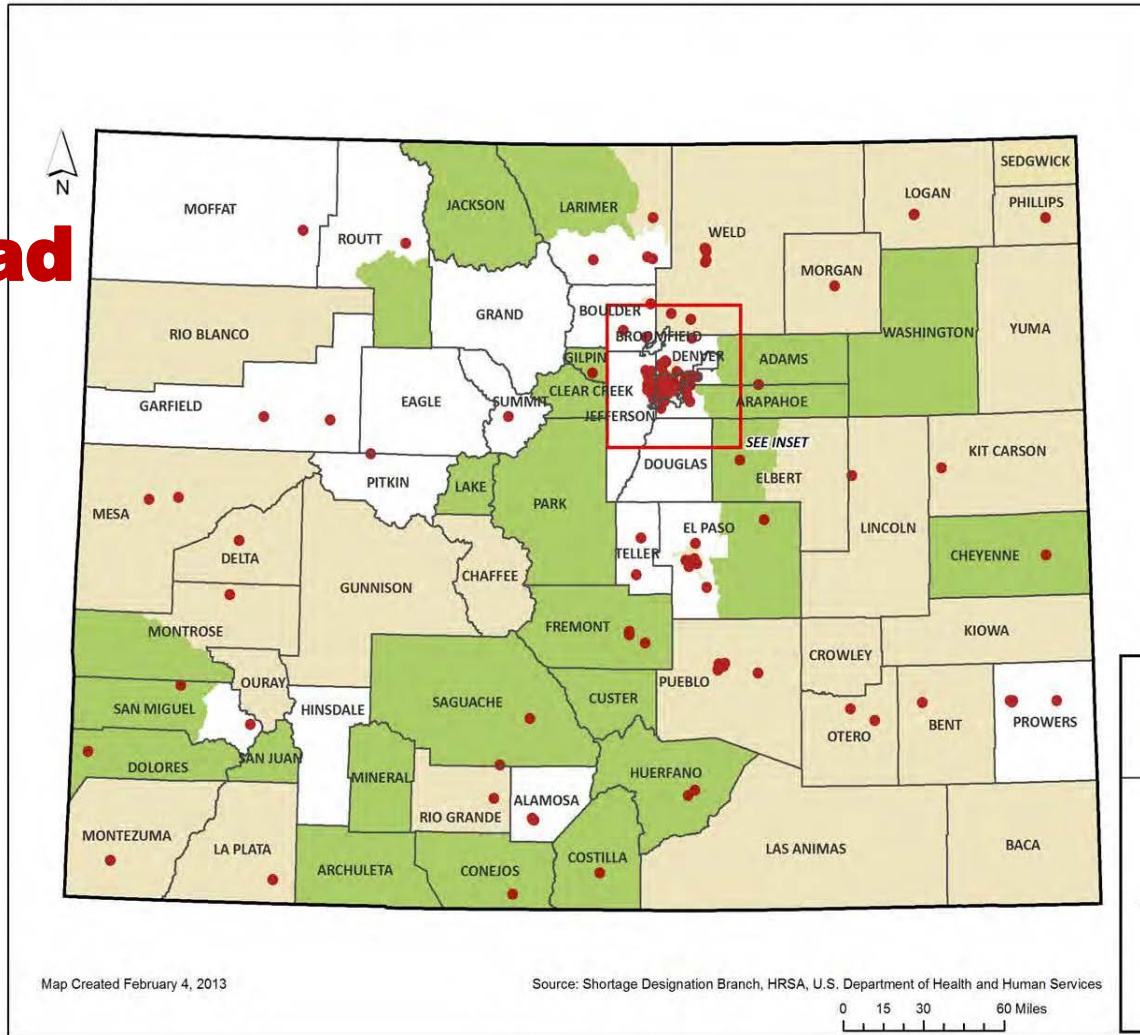
### Primary Care HPSA types

- Facility Designation
- Geographic
- Low-Income
- Not Designated

Data Current as of February 2013

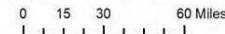
For information on how to develop a Health Professional Shortage Area Application for your community, call 303-692-2466, or visit the Primary Care Office website at the Colorado Department of Public Health and Environment: [www.cdph.state.co.us/pp/primarycare](http://www.cdph.state.co.us/pp/primarycare)

# Colorado has a widespread primary care shortage

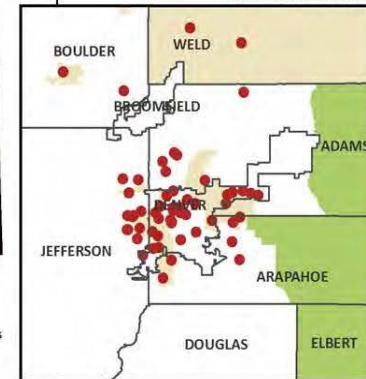


Map Created February 4, 2013

Source: Shortage Designation Branch, HRSA, U.S. Department of Health and Human Services



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# Challenges

- Coverage does not equal access to care when the provider workforce is inadequate
- The access problem has at least two dimensions:
  - Mal-distribution of providers among specialties
  - Mal-distribution of providers geographically



# What is the medical education system doing to address challenges ?

- Increased physician class sizes (30% over 15 years)
- Many more osteopathic schools
- Slight increase of residency slots
- Increase in PA programs
- But we need to **attract**, **admit** and **nurture** students interested in future rural primary care service.



# CU School of Medicine's Rural Track

- Started in 2005; one of about 30 in the U.S.
- Main grants: CO Trust and The Colorado Health Foundation
- Increase the number of students who eventually enter and remain in practice in rural areas
- About 10% - 15% of each School of Medicine class
- Emphasizes primary care
- Includes both MD and PA students



# CU School of Medicine Rural Track Curriculum

- Strong, selective admissions component
- Longitudinal over 4 years
- Seminars and workshops 2-3 times per month in first 2 years
- 4-week summer rural preceptorship after year 1
- 3-month rural clerkship in year 3
- Residency/community links
  - Home-grown scholarships
  - Help with eventual practice placement



# CU School of Medicine Rural Track Results

- 132 of Rural Track students have graduated from medical school
  - 57% entered “nominal” primary care residencies
    - 42% of those are in Family Medicine
- 66 of the 132 have completed residency and entered practice:
  - Primary care: 53%
  - Family Medicine: 50%
  - Rural: 46%
  - Rural Colorado: 26%
- Typical of other “successful” RTs



**The CU School of Medicine’s Rural Track is producing Physicians (and PA’s) who:**

- Enter rural practice at 5-6 X the rate of non- Rural Track
- Enter primary care at 4 X the rate of non- Rural Track



# CU graduates working in rural communities 2016

## 17 on the Western side :

- Grand Junction (3)
- Montrose (3)
- Del Norte (4)
- Rifle
- Eagle
- Craig
- Glenwood Springs
- Buena Vista
- Gunnison
- Montrose

## 4 on the Eastern side

- Walsenburg
- Springfield
- Sterling
- Canon City

## 15 in the Front Range

- 3 CO Springs
- 1 Ft. Collins
- 7 Denver Metro
- 3 Greeley
- 1 Pueblo

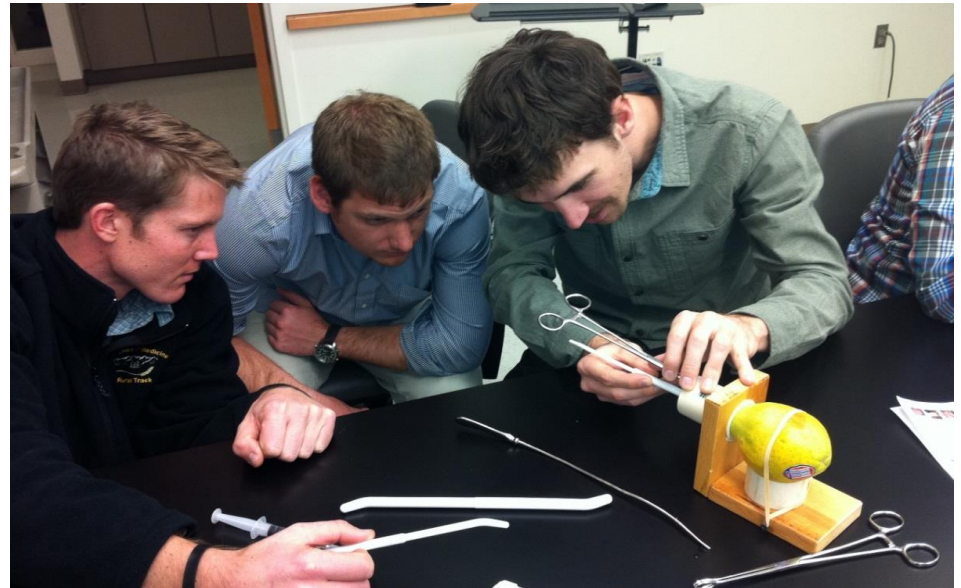
## 30 out of Colorado

(12 Rural, 1 Military)



# What does it cost?

- About \$450,000 per year not including scholarships
  - 1.2 FTE faculty
  - 1 FTE coordinator
  - supplies and travel
  - stipends for preceptorships



# The Future

- The Rural Track is NOT a permanent part of the CU School of Medicine (yet). CU supports about 25% of the cost.
- Major foundations have indicated that their funding is over
- Looking for community investment to sustain the Rural Track and access the ongoing supply of physicians that it produces
- Always in need of rural preceptors who will teach our students and inspire them about rural life and work
- Watch: <https://www.youtube.com/channel/UC-01UfVa7yALe4YY7r0BZuQ>



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