

The
COLORADO
HEALTH
Symposium

Insights

2011 Colorado Health Symposium

State of Health: Seizing Opportunities, Achieving Results

July 27–29, 2011

Keystone, Colorado



The Colorado Health Foundation™

Introduction:

Public opinion surveys continue to reflect frustration, apprehension and confusion over the future of health care. Not that there's any shortage of things to worry about. For example, health care expenses will account for an estimated 19 percent of gross domestic product by 2019. By contrast, defense spending in the United States accounted for 4.7 percent of GDP in 2009.

Meanwhile, as insurance premiums continue to rise, more businesses and individuals find themselves unable to afford coverage. On top of that, many indicators show the population is less healthy as obesity rates climb nationwide — even in Colorado, considered the “leanest” of all 50 states. With these daunting statistics in mind, it's understandable why people both fear and want change. Yet, despite substantial changes to health policy because of the Affordable Care Act, most of what people hear about health care reform — if they hear anything at all — is characterized by political grandstanding, partisan bickering and shrink-wrapped, bumper-sticker rhetoric.

A recent survey poll from the Kaiser Family Foundation showed 22 percent of Americans incorrectly believe the health care reform act has been repealed, while another 26 percent were unsure about the Act's status. Recently, the Colorado Health Foundation turned a video crew loose in Denver and found few people were familiar with or had accurate information regarding the ACA or provisions of the health care reform act.

To shed light on this era of anxiety, uncertainty and misinformation, the Colorado Health Foundation made “State of Health: Seizing Opportunities, Achieving Results” the theme of its 2011 Colorado Health Symposium, July 27-29 at the Keystone Resort & Conference Center. The sold-out event drew nearly 500 participants from Colorado and across the country to acknowledge challenges and discuss opportunities in health and health care.

While the Symposium featured insights from some of the nation's top health care experts, we thought it was important to include community and business leaders in the discussion — with the belief that meaningful systematic change in health care won't occur without their participation. By gathering a diverse and eclectic lineup at this year's Symposium, we hoped to glean diverse perspectives on how the different parts the enormous “elephant” known as the health care system can work together moving forward.

For Day One of the Symposium, we gathered a strong group of health providers to explain how the ACA impacts the delivery of service. Later that evening, the Symposium hosted an interactive debate about the health care reform act, which generated good-natured ribbing and thoughtful discourse from all sides of



the political spectrum. The second day of the Symposium focused on the “view from the street,” with experts explaining how large and small communities are re-imagining themselves in the context of health. Day Three’s conversation explored how health and health care impact businesses, large and small.

Using published summaries, social media and blog postings as resources, this report compiles speeches, statistical data and other information from the 2011 Colorado Health Symposium.

Though this report uncovers no “silver bullets” that will make or break health care, our diverse panelists found common ground in a number of areas, including agreement on many of the barriers to effective health and health care delivery, and many promising solutions that are already making a difference throughout the nation. Among them:

- Health care has failed to “connect” with those outside the industry from both a policy and clinical standpoint;
- There’s a clear link between health, social disparities and environment;
- Small businesses are apprehensive and hesitant to act on health care reform;
- Health policy — and indeed, health care — work best when individuals and organizations seek collaborative partnerships.

Looking ahead, how do we change the tone of the health care dialogue from one of fear and confusion to one of hope and clarity? We strongly believe gatherings like the Symposium are an excellent starting point. If recent and local history is any indication, a debate characterized by thoughtful discourse, diplomacy, listening to different perspectives, forming partnerships and exploring new ideas can turn the health policy dial in the right direction — toward real innovation resulting in better and more affordable care.

Whether or not you participated in this year’s Symposium, this report provides a snapshot of health care’s challenges and outlines many opportunities for improvement. Though many of health care’s challenges and opportunities will be diminished (or enhanced) by 2012, the Symposium will continue to provide both a “reality check” and offer promising solutions for many years to come.



Anne Warhover

President and CEO

The Colorado Health Foundation



Stephen Shogan, MD

Chair of the Board

The Colorado Health Foundation



Day One:

Change is at Hand: Health Care Delivery, Partnerships and Decision Making

Thanks to health care reform, those who receive health care services are beginning to see a shift in the traditional balance of power from providers to individuals and families.

Yet, despite these dramatic changes, health care has failed to connect with those outside the industry, panelists concurred during Day One of the 2011 Colorado Health Symposium.

A group of health care professionals identified a significant communication gap with the Affordable Care Act and in the day-to-day interactions with patients. As a result, Americans are confused, misinformed or simply unaware about the goals and provisions of the ACA. From a clinical standpoint, the failure of physicians and providers to communicate with individuals has led to inferior care.

"I feel like I don't have a say," said an uninsured Denver waitress in a video montage of "people-on-the-street" interviews viewed by Symposium participants on Day One of the conference. "I don't get [health] care, so I don't pay attention or care — which is probably part of the perpetual failing of the system."

The video and other recent surveys reveal that many Americans are confused, apprehensive, unaware or misinformed about the basic provisions of the legislation and often feel removed from the health care system itself. Under the theme "Change is at Hand: Health Care Delivery, Partnerships and Decision Making," panelists at Day One of the Symposium explored causes for concern as well as emerging trends that could bridge the communication gap between health care professionals and those whom they serve.



"Where we went awry in the beltway was that we didn't actively engage others."

— **Deborah Trautman, PhD**, executive director of the Center for Health Policy and Healthcare Transformation

Deborah Trautman, PhD, executive director of the Center for Health Policy and Healthcare Transformation, said while she favors the content of the ACA, policymakers "failed to connect with constituents" in moving forward with the legislation. "Where we went awry in the beltway was that we didn't actively engage others ... Many times, the patients in our system weren't always the most active voice at the table. But when they did come, I could tell you it [the testimony] was very powerful." Trautman cited the case of a 14-year-old girl who testified to Congress on the challenges of healthy eating in schools. "She was one of the most convincing speakers we heard."



A registered nurse, Trautman has held clinical and administrative leadership positions at the University of Pittsburgh Medical Center and the Johns Hopkins Medical Institutions. She described herself as being “in the battle lines of health care reform” while working as a fellow for former Speaker of the House Nancy Pelosi, D-Calif., from 2007-2008. While most Americans are aware a health care reform bill passed, Trautman opined the media “does not provide an unbiased perspective.” Educating the public about the ACA and moving forward is the best way to proceed with reform whether it’s the ACA or other legislation, Trautman said. “Many people are interested in trying to get it right and getting beyond the politics,” she said. “But we have many different definitions of what ‘getting it right’ means.”



“I feel we got the best bill we could have had at the time. It would have been better if we were more thoughtful in engaging the very people we were trying to reach.”

— **Kavita Patel, MD**, a fellow and managing director of the Brookings Institution

“I feel we got the best bill we could have had at the time,” said **Kavita Patel, MD**, a fellow and managing director of the Brookings Institution. “It would have been better if we were more thoughtful in engaging the very people we were trying to reach.” Patel, who moderated the Symposium’s first morning session, served in the Obama Administration as director of policy for the Office of Intergovernmental Affairs and Public Engagement. She noted that Obama wasn’t the first American president to take a crack at reforming health care. Others, including Theodore Roosevelt, Dwight D. Eisenhower and Bill Clinton had tried — without success — to change the system. In fact, Congress was readying elements of what became the current reform law even before Obama was nominated.



“We need to get away from the provider-based conversation and focus on what the patient needs.”

— **George D. Bussey, MD**, chief medical officer of HCA Continental Division and HealthONE

Though one goal of the ACA is to put patients in the “center” of health care, the panelists concurred there’s still much work to be done in that area. “We need to get away from the provider-based conversation and focus on what the patient needs,” said **George D. Bussey, MD**, chief medical officer of HCA Continental Division and HealthONE. To accomplish that, Bussey said health professionals need to put evidence in front of dogma and technology. “We all know something is wrong with how we deliver and how we pay for health



care.” Consistent with the policies of Dr. Don Berwick, administrator of the Centers for Medicare and Medicaid Services, Bussey said the industry should keep a precision focus on improving how care is experienced by patients and their families. “And somehow, we need to do this without spending more money.” He added that Berwick’s “grand visions” can only occur through smaller footsteps — beginning with changing how health care professionals view the people they serve. Keeping that thought in mind, Bussey talked about the need for individuals to break through their “monkeysphere” (a term social scientists use to describe social networks. Like most other primates, studies show humans tend to identify 150 or fewer peers as their people). “If we’re to think in Berwick-level constructs, we need to stretch our ‘monkeysphere’ — that universe of people we allow ourselves to care for and care about. So maybe we can’t keep all of our active patients in the sphere all of the time, we can bring them — even if only for one moment — into the sphere to see and experience them as people the same way we experience our friends and family ... Respect their values, not just mine.”



“I try to break things down by one or two things a patient needs and I’m doing a better job listening.”

— **Brianna Seefeldt, DO**, chief resident of the Swedish Family Medical Residency

Brianna Seefeldt, DO, chief resident of the Swedish Family Medical Residency, lauded a patient-centered approach that emphasizes preventive care and teamwork among health care professionals as one step to improve communications and health care. She’s also trying to improve her own bedside manner. “I try to break things down by one or two things a patient needs and I’m doing a better job listening,” Seefeldt said. For her part, Patel questioned the very concept of patient-centered care. “None of us want to be patients,” she said. “Yet, we’re putting so much emphasis on that as the center ... Is this really what patients want?”

The panel cited signs of hope in Colorado and elsewhere — both regarding reform and health care in general. Regarding reform, **Robert Restuccia**, executive director of Community Catalyst a Massachusetts-based advocacy group, said people will begin to appreciate the ACA once the provisions go into effect.



“Frankly people learn by doing. Once they see they can get affordable insurance and their kids won’t fall through the cracks, I think they’ll want to move forward.”

— **Robert Restuccia, MD**, executive director of Community Catalyst



“Frankly, people learn by doing,” he said. “Once they see they can get affordable insurance and their kids won’t fall through the cracks, I think they’ll want to move forward.”

Trautman opined that optimism and resilience are going to be “incredibly important” in health care during the next several years. She added that evidence, relationships and communications will be key to improving health care and making reform successful. Reiterating what would emerge as a consistent Symposium theme, Trautman cited the need for partnerships to keep people healthier. For example, she said Johns Hopkins is working with the community, the police and faith-based leaders to explore ways to reduce drug abuse and address obesity. “If we can’t find ways to strengthen our collaborations, we will limit our ability to go further.”

Day One Keynote Address: Jo Luck

“Stay true to your core values, and share your gifts. Listen to those whom you serve,” said **Jo Luck**, president of Heifer Project International. As the luncheon keynote speaker at Day One of the Symposium, Luck inspired and charmed participants with her stories from around the world — all told with a jovial Southern drawl. She recounted fascinating tales about sleeping on dirt floors in developing countries, catching malaria, meeting former U.S. presidents and being the target of gunfire.



“We live on a global stage, and people look to this country for leadership. We have enough food in this world, but it is not accessible and not distributed properly.”

— **Jo Luck**, president of Heifer Project International

Luck’s organization, Heifer International, aims to end worldwide hunger. Heifer surveyed more than 200 people in 45 countries to determine what was most important to them. The results proved that all of us strive for the same ideals. Those ideals include family, love, peace, spirituality, health, friendship, livelihood, justice and education.

Her passion for helping people is contagious. “It takes all of us to come together,” she said. “We live on a global stage, and people look to this country for leadership. We have enough food in this world, but it is not accessible and not distributed properly.”

Luck has received numerous awards, including the Forbes Executive Women’s Forum Trailblazer Award; the International Women’s Forum Women Who Make a Difference award; and Rotary’s Service Above Self award. Additionally, Heifer International has been recognized with several awards including the Martin Luther King, Jr. Center’s Salute to Greatness award; the Conrad N. Hilton Humanitarian Prize (the largest financial award given to a nonprofit each year); and Bon Appetit’s Humanitarian Award.

Day One Interactive Debate:

Resolved: The Affordable Care Act should be repealed and new approaches to health care reform should be explored

With Congress and President Obama gridlocked over the budget deficit and the United States teetering on the brink of default, policy experts from across the political spectrum sparred over the issue of the health care reform act during Day One of the Symposium.

Yet, despite the contentious tone in Washington (which later resulted in a compromise on raising the country's debt ceiling), panelists at the Symposium's second-annual interactive debate engaged in an informative, thought-provoking and often humorous conversation about the roles of the government and the free market in the health care system. The hour-long debate provided a stark contrast to the rancor of cable TV talk shows.

Defending the resolution were **Jon Caldara**, president of the Independence Institute, a Golden, Colo.-based "free-market" think tank; **T.R. Reid**, a Denver-based author and documentarian; and **Grace-Marie Turner**, founder, president and trustee of the Galen Institute, a public policy research organization headquartered in Washington, D.C.

Caldara, said the ACA "cannot work" because it usurps the role of private enterprise. Reid maintained that the ACA won't cover enough people and should be scrapped in favor of a system that insures all Americans. Turner remarked that the ACA makes dramatic changes that will have unintended consequences — including rising insurance premiums and employers dropping coverage for workers.

Only **Len Nichols**, director of the Center for Health Policy Research and Ethics at George Mason University, opposed the resolution, saying the ACA represents America's best chance to reform what he characterized as a "broken" health care system.

Teeing off the discussion, Turner said it's important to reach the goal of universal coverage, "the question is how do we get there?" But she believes the ACA does not provide the answer. "With this law, we're on the verge of making dramatic changes that will have many, many unintended consequences," Turner said. "Many employers will think about dropping coverage and turning individuals to the health insurance exchange. Many will be unhappy to find they're being forced to buy a policy that's more expensive than what they or their employer can afford."



"With this law, we're on the verge of making dramatic changes that will have many, many unintended consequences."

— **Grace-Marie Turner**, founder, president and trustee of the Galen Institute



Part of the problem, Turner said, is the market “has never really been allowed to work” because people have no idea “how much of their income is paying for their health insurance.” Turner pointed to studies that show 80 percent of American workers would like to have more choices in their health insurance. Turner said the current system of safety net programs and private insurance coverage works well for most Americans. The problem is the system does not work for the few that fall in between the cracks. “We have a structure that’s really almost by design leaving out people who make too much to qualify [for Medicaid], who are under 65 [and can’t qualify for Medicare] but don’t have the resources to buy [private] insurance. That’s really where we need to start.” While Turner maintains the ACA goes too far in regulating health care, she believes many of the nation’s health coverage woes could be addressed if the money in the system were directed away from large bureaucracies and toward individual consumers. “What we need to do is figure out how to energize this market. We are never going to solve this problem with more rules and regulations.”



“My argument is as simple as pie: A rich, equitable and ethical democracy ought to provide health care for everybody who needs it.”

— **T.R. Reid**, a Denver-based author and documentarian

Following Turner, Reid said his argument against the ACA is basic: “A rich, equitable and ethical democracy ought to provide health care for everybody who needs it, he said. “All of the other industrialized, free-market capitalist democracies cover everybody and on average, they spend about half as much on health care [as the United States does].” Reid maintained the fatal flaw with the ACA is that it isn’t designed to get the country to universal coverage. “When it takes [full] effect in eight years, 20 million Americans will still be without insurance.” Though Reid credited the ACA for “cracking down on the freeloaders” with an individual mandate requiring all Americans to obtain health coverage, he believes that mandate ultimately will be struck down by the Supreme Court. “One thing we know about the Supreme Court is when they get a high-profile, politicized case like Bush v. Gore, they make the political decision,” he said. “And I’ll bet you the five conservatives on the Supreme Court are going to jump at the chance to shoot down Barack Obama’s insurance mandate.” Without the individual mandate in place, Reid argued “the whole architecture of the ACA can’t work.” But Reid said having the Supreme Court overturn the ACA’s individual mandate is “the best thing that could happen” to real health care reform, because policymakers will be “liberated” to go back to the public with a new plan and run on universal coverage. “Combined, multi-payer systems work beautifully in other countries. But to do it here, we’re going to have to get rid of ACA,” he concluded.



Defending the resolution and the “free-market” approach to health care, Caldara said the ACA simply won’t work. “I need to tell you a little bit about us free-market conservatives,” he said. “And that’s we have a little bit of perversity to us. And it goes like this: At some point, you tell your daughter the truth about the tooth fairy and you see that moment when her heart just breaks. We conservatives feed off of that. We get this little high that keeps us going until the next day. And in the same way, I am here to tell you that the tooth fairy of ObamaCare will be wonderful for the first few years of life, but it ain’t going to last.” Caldara said a problem with the current system (and the ACA) is that people aren’t held accountable for health expenses. “There’s an amazing thing that happens when people spend their own money — they use it wisely.” The private insurance market effectively provides a mechanism that ensures people pay for their own “risks” through higher deductibles, Caldara said. “That’s what insurance deductibles are all about.” Caldara said he’s visited places like Canada with universal coverage, “and it’s a wonderful thing, but everybody gets coverage, not everybody gets care ... I care about treatment,” he said. “I care about what people need ... That’s what you don’t have in these other countries ... You see people waiting in line for things that they need.”



“I am here to tell you that the tooth fairy of ObamaCare will be wonderful for the first few years of life, but it ain’t going to last.”

— **Jon Caldara**, president of the Independence Institute

As the sole opponent of the resolution, Nichols made an articulate case for the ACA with the fervor of a Baptist preacher. “This law [the ACA] should not be repealed and we should not start over,” Nichols said. “We should build on what’s good and work with what can be amended with the law,” he added. “Our health system is broken and cannot be healed without an ambitious effort from everybody — including government, health plans, commissions, employers ... Anything less than all hands on deck will not work.” Nichols said the ACA is significant legislation because “it signals that business-as-usual is over,” it eliminates the fee-for-service model of health care in favor of paying for value. “The truth is this is not a ‘government takeover of health care.’ It’s 2,000 pages trying to push new ideas on the system we’ve already got,” he said. Nichols questioned whether Washington is capable of having a reasonable, fact-based debate about health care in the current political environment.

While the ACA commits the country to higher taxes, Nichols said the legislation is the right, moral path for Americans who want to help the least fortunate. He acknowledged that having “the lowest tax rates in history” is important among many constituents, but following that path will lead America to become a “shell of a great nation.” “Right now, we’re not doing enough to redistribute income. Fact is, we’re not covering 50 million people. We’ve got to do more than what we’re doing.”



If the ACA is repealed or overturned, Nichols said he doubts any other Democratic president will take on health reform again. “You can’t talk about this in our country without making half the population mad and the other half scared — and both emotions are bad for incumbents. The people who oppose this for good and bad reasons exacerbate the fear and they’re very good. This is it, sports fans. You hang on to this and you make it better and you make it as market-friendly as I know it could be ... or you give up.”

Among the debaters, one third of the roughly 600 viewers participating in the event said Reid made the most convincing argument, followed by Nichols, Turner and Caldarà, according to an informal interactive survey conducted by Engaged Public.

Later the debate was broadcast on Rocky Mountain PBS. If you missed the debate, it is still available online at <http://www.ustream.tv/recorded/16282275>

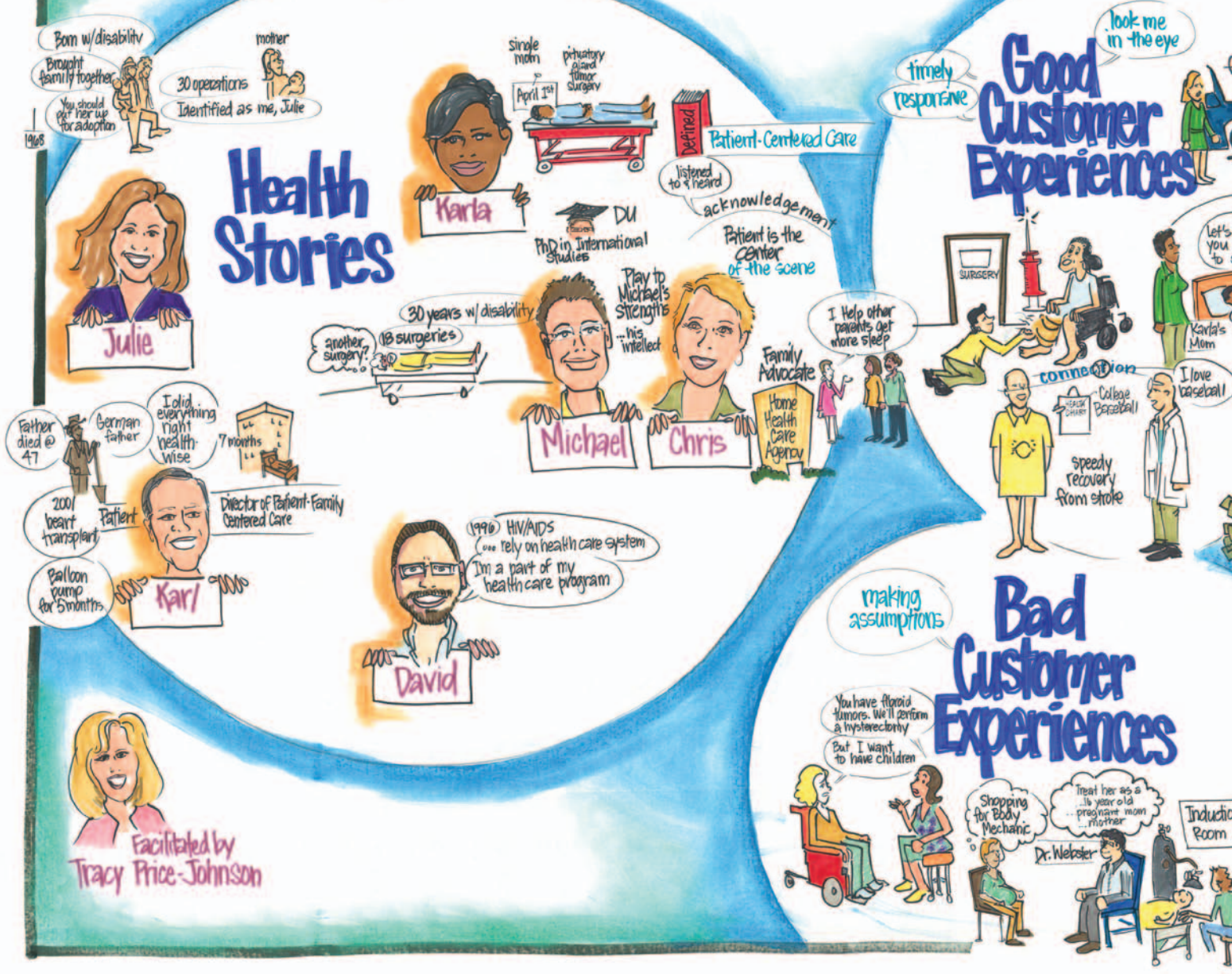


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BUILDING A BETTER HEALTH SYSTEM



How do you visualize building a better health system?

Working on the fly, graphic recorder Kriss Wittmann visually mapped key concepts through images, words and associations. Here is her depiction of the discussion, "Building a Better Health System: People Partnering with Providers," complete with stories and insights from panelists and participants.

HEALTH SYSTEM People Partnering with Providers



Kriss Wittmann captured one of the "discovery sessions" at the 2011 Colorado Health Symposium.



Day Two: The View from the Street

Many communities in America and Colorado face the day-to-day reality of job loss, population loss and budget cuts.

Yet, despite those factors — and sometimes because of them — demand for health services and basic health needs continues to rise. Often, those who reside in underserved rural and urban communities lack places where they can get healthy foods and fresh produce. Other communities lack the basic infrastructure needed to support a healthy population. Fortunately, many community, civic, nonprofit and business leaders are challenging long-held orthodoxies of traditional urban planning, sustainable growth and the role of government, to name just three.

Day Two of the Symposium focused on “the view from the street” and the role that communities, businesses and policymakers play on influencing health. In planning Day Two’s agenda, the Colorado Health Foundation invited a wide variety of experts from different “street levels” around the country to tell us about their insights and experiences regarding health and health care — with hopes of learning about new ideas, strategic partnerships and bipartisan initiatives that work.



“Our children are being robbed of their future — and I don’t think that’s an understatement. There are agents, players and companies and a variety of forces undermining their health and well-being.”

— **Kelly Brownell, PhD**, co-founder and director of the Yale Rudd Center

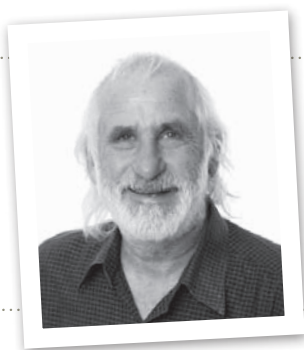
Kelly Brownell, PhD, co-founder and director of the Yale Rudd Center for Food Policy & Obesity, kicked off the discussion with some sobering statistics. Brownell pointed out that, for the first time in history, American children are expected to live shorter lives than their parents. “This is a pretty troubling factor,” he said. “If children are the future of our country — as they obviously are — something needs to be done to protect them.” Nutrition, food policy and inactivity are key contributors to the obesity epidemic that threatens kids’ future health, Brownell said. He noted only 25 percent of the U.S. population gets enough exercise and fruits and vegetables — a figure that has improved little over the last two decades, despite education efforts from public health organizations.

Meanwhile, Brownell said African-American kids in low-income communities are expected to live 15 fewer years than white children from affluent neighborhoods. Brownell added that there’s a clear link between health, social disparities, environment and how unhealthy food is marketed. He also made the case that obesity is a serious, worldwide epidemic that must be addressed. “How do we approach a problem as vexing as obesity? Every state in the country has increasing [obesity] rates. Every country in the world has increasing rates. How in the world do we turn around something like this?”

Brownell wasted no time laying much of the blame for rising obesity rates at the foot of the food industry. “Our children are being robbed of their future — and I don’t think that’s an understatement,” he said. “There are agents, players and companies and a variety of forces undermining their health and well-being. Some people deserve to have a finger pointed at them. Tobacco companies did and the food companies need to be held accountable as well.” Brownell noted the average preschooler in America is exposed to more than 1,000 fast food advertisements a year.

Fortunately, there are places around the country where the trend is shifting. Brownell credited “change agents,” including non-government organizations, legislators, attorneys general and litigators for driving the shift. For example, Santa Clara, Calif. and San Francisco banned “kids’ meals” that don’t meet specific nutritional criteria — an action that will ultimately be “slugged out” in courts he said. Some states and municipalities are taxing sweetened beverages. Brownell noted a number of states, including Colorado are considering such a tax. He estimates that the state of Colorado could raise \$198 million a year if it imposed a 1-cent per ounce tax on sweetened beverages. Studies show such taxes decrease consumption of sweetened beverages by as much as 23 percent and could reduce overall health costs nationwide by as much as \$50 billion over a 10-year period. “Education won’t get a lot done. Most people know they shouldn’t be drinking a lot of [soft drinks], but they do anyway. So maybe a tax would be worth considering.”

“Environment and prevention is absolutely fundamental when it comes to medical issues,” said **Larry Cohen**, founder and executive director of the Prevention Institute in Oakland, Calif. A prevention advocate for two decades, Cohen stressed that a community emphasis in quality prevention will improve health and reduce costs in health care. “It became clear to me that my work had to be about quality prevention and what it takes to do prevention in a way that saves lives, reduces misery, stops illnesses and injury and saves a huge amount of money.” Establishing what Cohen called “a culture of well-being” could go a long way to improve the health of communities and their residents. Cohen worked with the American Cancer Society, the American Lung Association, the American Heart Association, public health officials and other groups to establish what would become the first multi-city, no-smoking ordinances in Northern California — a small step about 20 years ago, but Cohen pointed out that now many young Americans have never even seen an ashtray. Similarly, changing policy and societal norms, fostering coalitions, educating providers and promoting community about food and nutrition could have a significant impact on community health, Cohen said. Achieving that will require real people to join forces and encourage elected officials to lobby for change, Cohen said. “Politicians are like weather vanes,” he said. “Our job is to make the wind blow.”



“Environment and prevention is absolutely fundamental when it comes to medical issues.”

— **Larry Cohen**, founder and executive director of the Prevention Institute



But Cohen acknowledged that the social, cultural and economic forces conspiring against healthy environments are overwhelming. For instance, he cited a promotion where KFC donated \$1 to the Junior Diabetes Research Foundation for every “mega jug” of Pepsi sold. Cohen doesn’t celebrate the irony. “This has to be stopped,” he said. “The money needs to be sent back. It’s costing our health care system too much.” Brownell noted that the beverage industry — anticipating a crackdown from policymakers and civic leaders — spends \$40 billion a year on lobbying and “goodwill” efforts.

Will Allen talked about the growing field of urban agriculture and how it could make a difference in communities that lack access to good nutrition. A former professional basketball player, Allen is the founder and CEO of Growing Power Inc., a farm and community food center in Milwaukee. With farmland vanishing in the United States and worldwide, Allen believes urban farming holds the key for cultivating fruits and vegetables in poor neighborhoods.

A winner of the MacArthur Fellowship Award (nicknamed the Genius Award), Allen espouses the belief that all people — regardless of their economic circumstances — should have access to fresh, safe and affordable food. “We have a broken, industrialized food system in this country ... It’s to the point where our mothers and grandmothers wouldn’t even recognize it as food if they went into the grocery stores. And we have to change that because our children are suffering.” Allen added that communities can’t be sustainable without a sustainable food system.



“We have a broken, industrialized food system in this country ... It’s getting to the point where our mothers and grandmothers wouldn’t even recognize it as food if they went into the grocery stores.”

— **Will Allen**, founder and CEO of Growing Power Inc.

Growing Power provides both healthy food through indoor urban farms in one of the poorest neighborhoods in Milwaukee. It also employs inner-city youth who might have trouble finding employment elsewhere. “Not only are they growing healthy food, but they’re getting exercise,” he said, adding that the community began to embrace Growing Power once it began adding jobs. In order to replicate the urban farming model elsewhere, Allen said advocates need to work closely with communities, government entities and businesses. He encouraged advocates to lobby for more funding for sustainable farming as the farm bill is up for renewal. “The farm bill that’s coming up is the most important farm bill ever.”

Pedro Jose Greer Jr., MD, wrapped up the session with his inspiring story of how he founded several free clinics for the homeless, undocumented and migrant poor of Miami. The son of Irish and Cuban immigrants, Greer took aim at social disparities as “the No.1 cause of disease.” Greer founded his first clinic in Miami in 1991, after observing how people on the fringes live and die there. “I saw a window into a world of poverty in my own backyard that shouldn’t be under all that glamour.” Greer came to

believe that too many medical students are only exposed to the clinical aspect of health care in Miami. “We have [medical students] who don’t understand the diversity of the culture and the poverty and disparities that occur, and yet we send them out to the world to treat them,” he said.



“If you want to improve health in America, you need to address social and political policy . . . A physician’s role is not to cure, but to improve the quality of life for an individual.”

— **Jose Greer Jr., MD**, assistant dean, Florida International University School of Medicine

As an assistant dean for Florida International University’s School of Medicine, Greer established requirements for medical students to perform field work in impoverished areas and lobby for better living environments — including safer walkways for residents. “If you want to improve health in America, you need to address social and political policy . . . A physician’s role is not to cure, but to improve the quality of life for an individual.” To do that, Greer said Americans need to examine the social and cultural factors that drive poverty. “We have the science down, but the social science we don’t.”

Day Three: Doors Open, Lights On The Business of Health Care

The cost of health care is a significant economic driver and challenge for businesses and the economy at large. How is health care reform impacting the board room and the bottom line? How are businesses — including hospitals — managing and leveraging the provisions of the Affordable Care Act with the goal of remaining viable and growing?

With those questions in mind, panelists expressed concerns about health care reform and its effects during this morning’s discussion on “the business of health care” on the third and final day of the Symposium. But the panel discussion also explored innovative approaches in health and health care from companies ranging from retail giant Wal-Mart to Revolution Foods, a small business that is working to improve what kids eat in public schools.

Former **Sen. Hank Brown** kicked off the morning’s proceedings. Now senior counsel for the Denver law firm Brownstein Hyatt Farber Schreck LLP, Brown predicted many employers will drop health coverage altogether due to increased insurance costs and regulatory burdens associated with the Affordable Care Act. “This act will change health care more than anything since the discovery of antibiotics,” Brown said, adding that regulations and funding for the ACA will be felt for many years to come. Despite efforts to challenge or repeal the ACA, Brown said he doubts the law will be struck down before the 2012 election cycle. And even if it is repealed, he predicted that many regulations — such as the provision requiring insurers to provide coverage regardless of pre-existing conditions — will remain in place.



Brown said the ACA will lead to dramatic increases in health care costs and force more people to enroll in government-sponsored insurance plans, but those programs too will see their funding cut. "If you passed a law that appropriated every asset of every individual, the total of that would not be equal to that of which we have in our entitlement programs," he said.



"This act will change health care more than anything since the discovery of antibiotics."

— **Sen. Hank Brown**, senior counsel, Brownstein Hyatt Farber Schreck LLP

Due to restrictions in federal funding, Brown predicted that programs like Medicare will become "needs-based" and available only for those who can't afford other coverage. "The issue is not whether it will happen," Brown said. "The issue is whether it will happen next year, five years from now or 10 years from now. You may like or dislike this phenomenon, but it's coming." Brown also predicted the recent expansion of the Medicaid program will be scaled back considerably, leading to additional cost-shifting in private insurance plans.

Jena Hausmann, senior vice president and chief operating officer of Children's Hospital Colorado, said the ACA clearly will impact "business as usual" for hospitals and the business of health care. Hausmann said the ACA challenges hospitals to deliver higher-quality care at a lower cost — a challenge that's daunting, but not impossible. "It will require a paradigm shift, but we'd rather drive change than be the victim ... No matter what you think of [the ACA], there are realities and moral mandates we need to fix," Hausmann said.

Advancements in health information technology, health information exchange, electronic medical records, coordinating care, improving quality and safety processes (all tenants of the ACA) will help



"No matter what you think of [the ACA], there are realities and moral mandates we need to fix."

— **Jena Hausmann**, senior vice president and COO of Children's Hospital Colorado



Colorado Children's Hospital realize cost savings and improve care by improving efficiencies and preventing medical errors and duplication of tests, Hausmann said. While many of these initiatives require a significant investment upfront, Hausmann said certain provisions of the ACA will have a "powerful" effect on the transformation of health care. She added that partnering with other organizations — large and small — on technology initiatives will be key in expanding the reach of the technology and enhancing the economies of scale for all parties concerned. Similarly, she said partnerships with communities and other health care providers will reduce hospital readmissions. Hausmann noted it will be important to involve insurance payers with the implementation of accountable care organizations, an element of the ACA that ties provider reimbursements with quality of care. "As we begin to change these care paradigms, we will be in jeopardy of falling back into our own bad habits if the incentives aren't aligned with how we change the care delivery."

While hospitals may welcome some of the challenges associated with the ACA, **Sharon Linhart**, founder and managing partner of Linhart PR, a Denver-based public relations firm, said she is among many small business owners who are apprehensive about the act. "We're obviously concerned about increased costs and regulations," said Linhart who admitted she's not an expert in health care policy and she does not "speak the same language" as many of the Symposium participants. Linhart observed that while some colleagues are optimistic that the ACA will lead to lower premiums, less sick time and increased productivity, others are confused or uncertain about what reform will mean to them. Already, Linhart said her firm has faced premium increases of 150 percent — with less coverage and higher deductibles.

"Increased cost, increased regulations — that's not going to be good for my business, I can tell you that," Linhart said. "If the new regulations [from the ACA] are as onerous as they're predicted to be, I haven't thought about the fact that we could consider discontinuing having health care altogether and just pay the fine, but I suppose that's possible. It's a shocking realization, but it's something I think we may have to consider at some point."



"If the new regulations [from the ACA] are as onerous as they're predicted to be, I haven't thought about the fact that we could consider discontinuing having health care altogether and just pay the fine, but I suppose that's possible."

— **Sharon Linhart**, founder and managing partner of Linhart PR

Kate Sullivan Hare shared her insights dealing with business and health care during her presentation. Sullivan Hare led policy efforts for the nation's largest business lobby, the U.S. Chamber of Commerce and for the nation's largest retailer, Wal-Mart. Now director of policy outreach and public affairs for the Robert Wood Johnson Foundation, Sullivan Hare helped forge a health care reform proposal that included tax credits for businesses that offer insurance, mandates for employers to provide insurance and expansion of public plans. "A lot of partners withdrew from the partnership because it did nothing to address the factors that drive costs," she said. "But frankly, I'm not sure a lot of those factors can be addressed through

legislation.” The proposal — which closely resembled many elements of what would become the ACA — had ideas that pleased constituents on the left and right. However, Sullivan Hare said the Chamber would not commit to defending the employer-based insurance system at any cost. “I personally have seen that continuing to tie coverage to employment is not something that’s going to move our country forward.”



“I personally have seen that continuing to tie coverage to employment is not something that’s going to move our country forward.”

— **Kate Sullivan Hare**, director of policy outreach and public affairs for the Robert Wood Johnson Foundation

Sullivan Hare also worked with Wal-Mart when the world’s largest retailer came under attack from consumer advocates and policymakers for not making health insurance benefits available for part-time workers who served the company less than two years. In retrospect, Sullivan Hare characterized Wal-Mart as “a microcosm of what’s dysfunctional about our employer-based care system today.” She noted most Wal-Mart employees work elsewhere and don’t rely on the company as their full source of income. Responding to growing concerns from policymakers and the public, the company ultimately shortened the waiting period for full-time and part-time workers and let employees put their children on the plan. “[Wal-Mart] realized that while it had done a good job serving its core mission of bringing very low prices to people who live paycheck to paycheck, it needed to do more within its communities.” As a result, Wal-Mart made a radical transformation in its benefits structure. As a retailer, Wal-Mart also assumed the role as a “national thought leader” in providing low-cost prescription drugs, health care clinics and fresh fruits and vegetables in underserved communities. She added the company will be an interesting case study as the country makes the shift from traditional coverage to the new paradigm of the ACA.



“We think our mission is to move the needle in the childhood obesity epidemic. Obviously, that’s not going to happen on a very small scale in just a couple of places.”

— **Kirsten Saenz Tobey**, co-founder of Revolution Foods

Keeping within the theme of corporate responsibility, **Kirsten Saenz Tobey**, co-founder of Revolution Foods, shared her vision for providing healthy, fresh foods for students on a daily basis. Founded in California, the company is now expanding into Northern and Southern California, Colorado, Houston, Washington, D.C. and Newark, N.J. A former teacher and garden educator, Tobey developed an interest



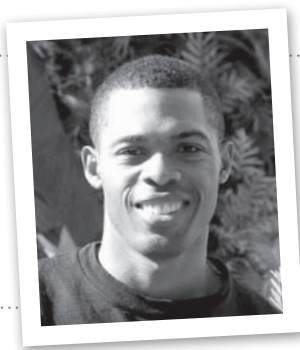
in sustainability and worked with McDonalds Corp. to incorporate social and environmental responsibility into the fast food chain's operations.

The idea for Revolution Foods came about six years ago when Tobey and the company's co-founder toured various public schools with the goal of improving food. "It's horrifying what's being served to kids in cafeterias today." With the idea of changing what kids eat, Revolution Foods focuses on providing real, whole food to school lunchrooms. "We think our mission is to move the needle in the childhood obesity epidemic. Obviously, that's not going to happen on a very small scale in just a couple of places." To make a difference, Revolution Foods has invested in what Tobey calls "a rapid growth strategy" that has driven its financing, structure and decisions. In the coming year, Revolution Foods will serve 100,000 healthy meals a day in six different regions. Tobey said the challenge of meeting its mission while providing full benefits to its employees is "not easy." "We've seen the same rising health care cost every year and I don't know what the answer is." But Tobey said Revolution Foods' commitment to innovation — such as vending machines that dispense healthy snacks during school — could bolster the bottom line and meet the challenges of running a business.

Keynote Speaker: Ian K. Smith, MD

Insensitivity to ethnic and social differences compromises the quality of health care that minorities in America receive, said **Ian K. Smith, MD**, a health care author and media consultant, best known for his appearances on cable TV's "Celebrity Fit Club" series.

Smith presented the keynote speech at the third and final day of the Symposium. Smith emphasized the importance of "cultural competency" in health care, saying that language and cultural barriers could impact the patient's experience and medical outcomes.



"Physicians have to treat everybody differently. It doesn't mean you have to speak Ebonics, we just need to be sensitive to cultural and ethnic mores."

— **Ian K. Smith, MD**, health care author and media consultant

He noted that many older African-Americans are still leery of the medical establishment stemming from unethical medical experiments conducted on impoverished black males in Tuskagee, Ala. between 1932 and 1972. Health care professionals need to be respectful of and sensitive to cultural and generational biases in their day-to-day interactions with patients.

"You need to have to have a blank mind for everyone who walks in that door," he said. "Physicians have to treat everybody differently. It doesn't mean you have to speak Ebonics, we just need to be sensitive to cultural and ethnic mores."



About the Colorado Health Symposium:

The Colorado Health Symposium is one of the leading national health policy conferences in the United States. For 30 years, the annual event has attracted cutting-edge thinkers in health, health care and health policy to share their ideas, debate policy and interact with leaders from the health care, government, business, academia and the nonprofit sectors.

About this Report:

“State of Health: Insights from the 2011 Colorado Health Symposium” was compiled by Bob Mook, editorial manager of the Colorado Health Foundation with guidance from Chuck Reyman, vice president of Communications and Caren Henderson, director of Communications, Creative Services.

Symposium Resources:

The Colorado Health Symposium used a myriad of online and social media channels to extend the discussion beyond the walls of the Keystone Resort & Conference Center, including the following:



Recorded video on Ustream

www.ustream.tv/channel/coloradohealthsymposium

We broadcasted live video from the 2011 Colorado Health Symposium plenary and keynote sessions as well as an interactive debate on health care reform. Recordings are still available for viewing.



The Colorado Health Symposium Blog

coloradohealth.typepad.com/health_symposium/

The 2011 Symposium blog featured Symposium University student bloggers with their daily accounts along with overviews from each breakout session. Symposium speakers and other guest bloggers also took part in the discussion.



Twitter @HealthSymposium

twitter.com/#!/HealthSymposium

We used the #11CHS hashtag for 2011 Symposium posts.

“Colorado State of Mind”

www.rmpbskids.org/content/index.cfm/show/237770/The-Colorado-Health-Symposium

Panelists from the Symposium shared their insights about the future of health care in this public affairs show broadcast on Rocky Mountain PBS.

Symposium Today Newsletter

www.coloradohealth.org/symposium_today.aspx

Throughout the 2011 Colorado Health Symposium, Symposium Today featured a daily recap of highlights from the three-day event. The report provided a concise overview of the content and theme of the Symposium for participants and those who weren't able to attend.



Symposium University:

New this year, Symposium University is a unique opportunity for students in Colorado colleges and universities to view a live video stream of all plenary and keynote sessions from the 2011 Colorado Health Symposium without leaving the classroom. Questions from Symposium University students were fielded online via Twitter and Facebook. The Colorado Health Foundation also granted “scholarships” for Symposium University students to observe the event in person with full accommodations. Those “scholars” recorded their perspectives in blogs posted throughout the event.

For information about the 2012 Symposium University, contact Lisa Harris, Director of Communications, Web and New Media at 303.953.3600.

About the Colorado Health Foundation:

The Colorado Health Foundation works to make Colorado the healthiest state in the nation by increasing the number of Coloradans with health insurance, ensuring they have access to quality, coordinated care and encouraging healthy living. The Foundation invests in the community through grants and initiatives to health-related nonprofits that focus on these goals, as well as operating medical education programs to increase the health care workforce. For more information, please visit www.ColoradoHealth.org



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