The COLORADO HEALTH Symposium

Insights

2012 Colorado Health Symposium

Health Equity: Bridging the Divides

July 25–27, 2012

Keystone, Colorado

presented by

The Colorado Health Foundation™

Introduction:

Just as Colorado's landscape varies greatly from the Eastern Plains to the Western Slope, there are differences in health and health care across the state's population. Unfortunately, as costs of health care increase, coupled with an increasing poverty rate, more people are vulnerable to poor health — threatening both their physical and our state's financial well-being.

Setting the tone for a more hopeful future, the Colorado Health Foundation made "Health Equity: Bridging the Divides," the theme of its 2012 Colorado Health Symposium. The sold-out event challenged more than 500 participants to define opportunities for greater affordability, access and choice — with the ultimate goal of encouraging healthier lives.

Though Colorado is regarded nationwide as a healthy and prosperous state, Coloradans still encounter several health-oriented roadblocks. For example, according to the Foundation's 2011 Colorado Health Report Card, 18 percent of Colorado children live in poverty compared to the 16 percent reported in the 2010 Report Card. Colorado's ranking among states fell from No. 14 to No. 20 in this area.

What do those numbers have to do with health? Studies show poverty dramatically impacts the health and well-being of children, contributing to poor health and low academic performance. Many speakers at the Symposium maintained that economic, environmental, behavioral and social conditions play a major role in individuals' health. In fact, the U.S. Department of Health and Human Services estimates that only 10 percent of health is influenced by health care — with factors such as income level, education, transportation, food insecurity, environment, and personal habits such as smoking, drinking and obesity rounding out the other 90 percent.

Keeping these factors in mind, participants at the 2012 Symposium learned how leaders across the country are confronting the most complex challenges in health and health care — from the slums of Camden, N.J. to the Mississippi Delta. Throughout the conference, speakers shared their triumphs and setbacks in making their communities a better place.

"This year's Symposium reignited my fire and resolve to do something about our health care system," stated one Symposium attendee shortly after the conclusion of the event.

This report compiles highlights from the three-day conference, providing a snapshot of innovative solutions that could improve health and health care in our state.

Whether or not you attended the Symposium live or online, we hope the ideas outlined here will inspire a renewed commitment to the good health of your community, as well as a deeper understanding of what it will take to bridge the divides that stand between us.

Day One: At What Price Health?

What does "reasonable cost in health" mean in a world strapped by economic challenges? A diverse and insightful group of speakers attempted to answer that central question during Day One of the 2012 Colorado Health Symposium.

"Affordability is a key issue, but we can't solve the cost problem without improving quality and assuring appropriate access," said **Alan Weil**, executive director of the National Academy for State Health Policy. Weil moderated Day One's plenary session, exploring what the rising (and unsustainable) costs of health mean to families and communities.

Providing context for the day's discussion, Weil noted the health reform dialogue has evolved since the 1990s, when policymakers believed that it wasn't possible to improve access, quality and costs all at once. "Fortunately, in 2012, we think about things differently. We now see these three issues as intricately related … So why are we making so little progress?" Answering his own question with tongue firmly in cheek, Weil "blamed" consumers and providers. "We have failed to bring consumers and providers into the conversation to improve health care costs. If they're not with us, we can't make the changes we need to make to have a more effective health care system."

Reducing inefficient use of resources will go a long way to bridging the divides that plague health care today, Weil said. He added that most Americans don't believe that reducing costs in health care is possible because too many cost-cutting efforts have focused on "taking stuff away" at the expense of consumers and providers rather than improving efficiencies. "We've taught the American public we can't do more with less money, even though all the evidence is to the contrary," he said. Weil opined that Americans spend too much on inefficient health care at the expense of education and housing, which could improve lives and health. "We're spending every available dollar on health care services, rather than the inputs that make people healthy." Weil's comments about cost-cutting foreshadowed a controversy in the 2012 election, when opponents of the Affordable Care Act took aim at $716 billion in Medicare "cuts," suggesting core services would suffer. Meanwhile, ACA proponents argued the cuts were designed to reduce costs, waste and inefficiencies.

Manuel Pastor, professor of the American Studies & Ethnicity at the University of Southern California, explained how disparities in the health care system impact low-income communities of color. In making his case for bridging disparities and racial and cultural divides, Pastor cited statistics that show America will be a "minority-majority" nation by 2042 — meaning non-whites will represent the majority of the country's population. Pastor noted the state of Arizona currently is undergoing tremendous turbulence because of the demographic shift. He also noted that spending for "public outlays" such as education in Arizona are among the lowest in the nation. He attributed a "generation gap" between whites (with a median age of 42) and the Latino population (with a median age of 27) as a contributor to the tensions within the state. "When the older generation does not see itself in a younger generation, we get less support for public outlays like education … this is a dysfunctional set of circumstances." He noted that communities that emphasize equity in education experience better (and more sustainable) economic growth over time. "Thinking about equity and how it relates to social change is no longer a luxury," Pastor concluded.

"It's unacceptable that you're going to live 10 years less because of your ZIP code," said **Kamara O'Connor**, lead organizer of the Bring Health Reform Home PICO National Network. As part of the

nation's largest faith-based community organizing networks, O'Connor's group aims to transform health care systems around the country by building out the primary care system and keeping people out of emergency rooms. In articulating her case, O'Connor cited a study conducted in Kansas City which determined that the areas with the highest concentration of poverty, housing vacancies, Latino and African American residents, Medicaid recipients and unemployment were also the ones that recorded the most emergency room visits. O'Connor noted that analyses of other PICO cities in the United States revealed similar levels of concentrated disparity. As a result, people who live in these types of areas are dying 10 years earlier than those in surrounding ZIP codes and experience higher infant mortality rates. "The utilization of emergency rooms is a symptom of how broken our health care system really is," she said. "We're really digging into the issue of building out our primary care system to keep people out of emergency rooms and hospitals." To better understand the problem, PICO representatives went door-to-door to affected neighborhoods to determine how people are being impacted by the broken system. "It's one thing to map where our sickest people are, it's another to knock on the door and find people hooked up to a medical apparatus, totally immobile and isolated," she said. In Aurora, Colo., there's a sense in the community that the only people hurt by barriers in the health care system are the immigrant population, when in fact, a significant older, Anglo population is impacted as well. To illustrate her point, O'Connor cited numerous individual case studies ranging from an older couple who only use their high-deductible health insurance plan when there's an emergency, to a young African American man who had to choose between buying health insurance or paying for college tuition.

"One day the individual mandate will be likened to the seat belt law."

— **Marguerite Salazar**, regional director, U.S. Department of Health and Human Services

Long regarded as a champion of the medically underserved, **Marguerite Salazar** talked about her challenges and opportunities as regional director of the U.S. Department of Health and Human Services. Prior to her current role, Salazar was president and CEO of Valley-Wide Health Systems, where she worked to bridge the gaping divides in health care. In her current role, Salazar says she sees a lot of anger and discontent over the health care reform act during town hall meetings. "I believe we are beginning to see the cultural cost of health care … Our country has never been more divided than it is today." Over time, Salazar believes the furor over the reform act will taper down. Although study after study shows the U.S. health care system cannot continue to sustain the costs of growth, Salazar said too many Americans have "created a culture that says 'I want all I've got coming to me.'" Echoing Alan Weil's thoughts earlier in the day, Salazar said many cost savings can be realized by cutting fraud and waste. To illustrate the point, she cited a personal story about her 90-year-old father who received a telephone solicitation for a motorized wheelchair courtesy of Medicare. Salazar's father told her that before he ordered the wheelchair, he would draft a plan and use lumber from his backyard to build a ramp. "I said, 'Dad, if you're healthy enough to build a ramp, do you think you need a wheelchair?" Concluding her remarks, Salazar made a "call to action" for Coloradans to "balance the ledger in the cultural costs of health care and take care of each other."

Day One Keynote Address: Jeffrey Brenner, MD

"We can't wait for a peer-review cycle to figure this out. … If we don't solve this and figure out how to do this better, then we're toast," said **Jeffrey Brenner, MD**, regarding the nation's health care delivery system. Brenner, who presented Day One's keynote, is a New Jersey physician who developed an integrated health care model aimed at cutting costs and providing better care.

As the founder and executive director of the Camden Coalition of Healthcare Providers, Brenner uses medical data from emergency rooms to map out the "hot spots" of the most costly patients in Camden, N.J. — one of the poorest and most crime-ridden cities in the nation. He warned that mounting health care costs and glaring inefficiencies threaten to bankrupt the system (and the federal government) unless things fundamentally change. Brenner identified reliance on emergency room care for primary care needs — particularly among low-income and uninsured populations — as a source of waste. In fact, the top three emergency room diagnoses include head colds, ear infections and viral infections — sicknesses that could be handled better (and at a lower cost) through good primary care.

As an alternative to what he characterized as a fragmented and broken system, Brenner targeted the sickest and most expensive patients in the city. With support from small medical foundation grants, he assembled a team of medical "hot-spotters," including nurses, social workers and physician assistants, who make follow-up calls and home visits to those who need care. Brenner said the approach has cut emergency-room visits and costs.

Ending his discussion on a high note, Brenner encouraged communities to seek home-grown, tailored solutions to health challenges and share their lessons with other communities. He applauded efforts by the Nurse Family Partnership (founded in Denver) to personalize health services through one-on-one relationships. He also acknowledged Colorado's efforts to establish an all-claims database which would give health professionals access to timely, accurate data to improve care, reduce costs and promote transparency in health care. "We need to free the data and get it in the hands of all providers."

Day One Interactive Debate:

Resolved: Healthy eating is a function of personal choice and should not involve government regulation.

Editor's note: *A longer version of this summary appeared in Health Affairs' GrantWatch Blog.*

Statistically speaking, there's not much controversy as to whether obesity is a serious problem in the United States. Data from the National Health and Nutrition Examination Survey shows that more than one-third of adults and 17 percent of youth were classified as obese in 2009 and 2010. Nor are there many arguments about whether obesity is costly. An article from the Obesity Journal estimates the nation's cost of obesity may be as high as $147 billion annually — approximately 9 percent of all U.S. medical spending.

What is subject to controversy, however, is whether federal, state, and local governments should take a more active role or retreat to the sidelines in regulating fat- and sugar-laden foods.

We are beginning to see some of that debate play out in the public square. In 2007, New York City issued a first-ever law restricting artificial trans fats in restaurants. Last year, New York City Mayor Michael Bloomberg proposed an outright ban on large servings of sodas. Elsewhere, municipalities such as El Monte, Calif., have weighed imposing a "soda tax" as a disincentive for consumers to indulge in sugary beverages.

Depending on your perspective, the government's role in determining what we eat is either a necessary intervention or a blatant intrusion on American free will. With the controversy percolating in town hall meetings, the airwaves, and the blogosphere, the Colorado Health Foundation hosted a food policy debate as part of its 2012 Symposium.

During the 2012 debate, panelists were turned loose on the following resolution: "Resolved: Healthy eating is a function of personal choice and should not involve government regulation." Unlike Symposium debates from previous years (when the resolution clearly polarized the pro and con factions on health care issues), all of the panelists supported personal responsibility and a government role on food policy. But they didn't concur on the balance.

A former food marketer, **Hank Cardello** said he views personal responsibility versus regulation through a different lens than the other panelists. He said, "From a marketer's perspective, your boss is the consumer …You tell us what products you like and what you don't like, what you want and what you don't want. And if we don't listen to you, we get into trouble." Cardello said consumers are doing "a pretty good job" telling the industry what they should (and shouldn't) be selling. He noted that over the past decade, consumers have reduced their consumption of soda calories by 25 percent.

Cardello mentioned that sales of "better-for-you" products sold in fast-food and quick-serve restaurants grew by 400 percent while traditional products declined by 300 percent. Historically, Cardello said, regulation doesn't achieve the goal of reversing obesity rates. Since the government imposed nutritional labeling requirements on packaged foods in the 1990s, Cardello noted that obesity rates have doubled. He concluded that any governmental intervention should only come in the form of incentives for the food and beverage industry, not through punitive measures.

"We tried personal responsibility, and obesity grows and grows," said **James O. Hill** of the Anschutz Health and Wellness Center. The fundamental problem, Hill said, is that most of what is convenient and relatively inexpensive is high in sugar and fat and offered in large-portion sizes. "What [that has] done is to create an environment with high rates of obesity," he said. "But guess what? Most people like this environment … They'd like to weigh less, but they aren't really ready to do what it takes."

Hill said that simply making better products available isn't enough. Since the government's ability to regulate food is limited, Hill suggested that governments can lead by example by regulating themselves beginning with banning unhealthy food in government offices, the military, and schools. The government also can encourage food companies to innovate, limit portion sizes, and reduce the energy density of packaged foods by adding more water. Ultimately, Hill concluded that success in reducing obesity is a matter of supply and demand. "It isn't going to work if we don't have healthy foods, and people aren't going to eat healthy foods unless you give them a reason to choose those."

An expert in regulatory programs related to nutrition and obesity, **Lisa Katic** said she wants to empower consumers to "make the choices we want them to make." The government can help by raising awareness and providing education. "The food industry alone certainly can't solve this issue. We all know that obesity is a multifaceted issue and there are a lot of contributors involved," Katic said, listing urban sprawl, transportation, and sedentary work hours among them.

As an alternative to government regulation, Katic encouraged observers to consider effective programs that work with industry to improve nutritional standards. For example, the Alliance for a Healthier Generation brought together different stakeholders to set higher standards on food sold in schools. While the food industry wasn't initially on board with the effort, it became engaged through discussion, negotiation, and debate. As a result of the alliance's groundwork, soft drinks have been removed from 98 percent of the schools in the country. Other advances in schools include reducing sugar and sodium levels while increasing the availability of whole grains, fruits and vegetables. While it's too soon to tell whether these efforts are working, Katic said they represent a step in the right direction.

Among the debaters, **Margo Wootan**, director of nutrition policy at the Center for Science in the Public Interest, made the most impassioned case for government intervention in the obesity epidemic. "We know an overwhelming majority of Americans are obese or overweight. It's a tremendous burden on people as individuals," Wootan said. "One of the roles of government is to protect citizens from threats — both foreign and domestic. And obesity threatens the health and well-being of Americans." She pointed out that the U.S. Department of Defense is concerned about obesity because a growing number of young people are not fit enough to serve in the military.

"Government also has a keen interest in obesity because of its cost," Wootan said. "Obesity costs upwards of $150 billion a year. More than half of that is paid by governments through Medicaid, Medicare and [federal] employee health insurance claims. So, government is already in the business of addressing obesity — they're just mostly in it on the tail end. We leave people to get sick, and then we clean up the mess in a very expensive way."

Wootan said she works to implement policies designed to keep people from getting sick in the first place. Those policies include coordinating efforts to label trans-fat foods, improve school food, reduce junk food marketing aimed at children, and require calorie labeling at fast-food restaurants. "Obesity is a societal problem, and we all have a role to play in addressing it: parents, individuals, health professionals, organizations, food companies, manufacturers of sporting goods, and, of course, government."

Despite nuanced differences of opinion, the nays won with 73 percent of the audience of nearly 200 people voting against the resolution (compared with 56 percent who disagreed with the resolution prior to the start of the debate). But the evening's big winners were balance and proportion. In a world where ideological zero-sum gamesmanship too often rules the day, this debate demonstrated the value of balance and proportion drawn from the strength of divergent positions.

"Debate Sparks Food for Thought on the Role of Government in Curbing Obesity," by Charles Reyman, vice president of Communication for the Colorado Health Foundation; Health Affairs GrantWatch Blog, August 7, 2012, http://healthaffairs.org/blog/2012/08/07/debate-sparks-food-for-thought-on-the-governments-role-in-curbing-obesity/?cat=grantwatch

Day Two: Does Health Live in Your ZIP Code?

Since actual health care only accounts for a fraction of overall health, how can communities make health a shared value? Day Two's speakers brought some inspiring insights to how they raised the standard of health in their own communities – some of which are among the poorest in the nation.

"Does it matter where you live?" asked Symposium favorite **Len Nichols**, director of the Center for Health Policy Research and Ethics, George Mason University. "The answer is not 'yes,' but 'hell, yes!'" Nichols, affectionately called "the preacher" because of his folksy and humorous knack for explaining health policy, moderated the day's discussion.

A self-described man of faith, Nichols pondered why improving health for his fellow humans isn't a greater priority in America today. "Why don't we love our neighbors as ourselves?" he asked. During his opening remarks, Nichols pointed out wide disparities in life expectancies between the richest and poorest neighborhoods and along racial lines. "We know there are problems, but we aren't moving the needle to improve health in race and income disparity," he said.

"Does it matter where you live? The answer is not 'yes,' but 'hell, yes!'"

— **Len Nichols**, director of the Center for Health Policy Research and Ethics, George Mason University

Nichols cited some rays of hope, including a recent study that indicates that residents of states that expand Medicaid coverage under the new health care reform act will probably live longer, be healthier and have better access to medical care. But while the Affordable Care Act might rectify some of the disparity gaps present in coverage and care with underserved populations, it will take compassion and community mobilization to truly move health forward, Nichols said. "What we need is a more developed sense of community," he said. In addressing disparities, Nichols said policymakers need to agree upon the level of variation they could tolerate. "Then, we need inspiration," he concluded.

Day Two's plenary speakers fed the audience of 550 people with heaping helpings of inspiration. **Anthony Iton, MD, JD, MPH**, spoke of leading the country's largest initiative to improve the health environment as senior vice president of Healthy Communities for The California Endowment. The endowment's initiative aims to put $1 billion on the table for 14 communities representing 10 million people over 10 years. A native of Montreal, Iton said he first became aware of the impact of one's environment on health as a medical student at Johns Hopkins University. There, he was shocked and appalled by the poor living conditions in Baltimore's impoverished neighborhoods.

"Our physiology isn't just contained within our skin, it's influenced by all sorts of outside forces, and that's why we have to look at the social inequities," Iton said, citing a Kaiser study that correlates adverse childhood experiences with a variety of adult illnesses. In working to address those inequities, Iton said the endowment established a $264 million fund to invest in grocery stores that will bring healthier options to food deserts. It's also launched a fresh food campaign as well as a campaign to bring disparities to the attention of policymakers and the media. To build healthier communities, Iton urged the audience to "stop waiting for Washington, D.C. If this is going to change, we're going to change it one person at a time."

Mayor **John Fetterman** talked about his efforts to revive Braddock, Pa. Once a thriving city, Braddock is currently the poorest community in the state of Pennsylvania with a median family income of about $17,000 a year and unemployment 300 percent over the national average. As 90 percent of its residents fled Braddock, 90 percent of its buildings fell into disrepair. Making matters worse, the only hospital within a 10-mile radius shuttered. Fetterman admitted the situation was bleak when he was elected mayor in 2006.

"What can you do to effectively reenergize a community that's lost 90 percent of everything?" he asked. In Fetterman's case, he helped the community take small steps that led to greater strides. The city founded a youth project to employ kids to work in the community. It purchased and restored dilapidated homes and sold them for $5,000 (he quipped that in Aspen, Colo., you can't get a gym membership for that amount of money). It turned abandoned lots into playgrounds, converted a closed hotel into an urban garden. Most tellingly, the city successfully lobbied for a $20 million mixed-development community center located on the site of the demolished hospital. The development now includes a one-stop clinic that accepts Medicaid and Medicare patients. "In a way, we were able to replace the hospital with a more effective business solution," he said. As a byproduct of all of this community redevelopment, police calls declined 45 percent over 10 years.

Yet despite the progress, Fetterman maintains that Braddock still has a long way to go. Though there hasn't been a homicide in four years, he acknowledges there have been some close calls. "I credit either bad aims or good surgeons," he said. A man of tremendous physical presence, Fetterman candidly acknowledges that the stress factors that afflict Braddock's population have compromised his health as well.

"I was in really good [physical] shape before I moved to Braddock," he said. "Does the neighborhood get under your skin? The answer is absolutely yes." Fetterman said he "suffered from the same mentality of stress and succumbed to the same kind of food" as other residents. "There's a psychological need to self medicate … I want to get back in shape, but so far, I've had only limited success. I can only fix one mess at a time." Fetterman added that he's not singlehandedly "fixing" Braddock, but working with a number of partners who want to make the community better.

Ending Day Two's plenary sessions on an inspirational note, **Dr. Michael O. Minor** talked about the challenges of preaching the "gospel of good health" as the undershepherd of a Baptist church in the Mississippi Delta — a region that leads the rest of the nation in obesity, heart disease and diabetes.

After reciting a litany of "deserts" that contribute to the obesity epidemic (including "food deserts," "physical activity deserts" and "can't-cook deserts"), Minor said the biggest desert that contributes to obesity is "a hope desert." As national director of the Health and Human Services Partnership for the National Baptist Convention, Minor said he's trying to get more clergy on board with his mission to improve health.

"Communities with houses of worship are places where you can make things happen," he said.

Along with banning fried foods at church gatherings, Minor's congregation built a walking track around the church. He also preaches the gospel of health nationwide as a lecturer. He said the best way to engage people in that gospel is by engaging the mind and the spirit first. "If you could work on a person's mind, and you can work on a person's spirit, the body will come together," he said.

But Minor cautioned that the effort to curb obesity on a local level will take time. "The problem in America is that we warm stuff in a microwave, so we're stuck on this idea we need to change things right away … It took us years to get where we are — messed up. And, it's going to take us years to get us where we want us to be — fixed up."

Day Three Keynote: Wes Moore

"You can't have an honest conversation about [national] debts and deficits unless you can have a conversation about health issues," said **Wes Moore**, author of the best-seller, "The Other Wes Moore" and Day Three's keynote speaker. Moore's book examines many questions about personal responsibility, accountability, circumstance and choice. During the keynote, Moore eloquently connected his life story with the challenges in health and health care discussed throughout the Symposium.

After spending his childhood years in a drug-ridden Baltimore neighborhood, Moore's family moved to the South Bronx shortly after his father's death. Following a brush with the law, his mother enrolled him in a military academy. Later, he became a college football Hall of Famer, Rhodes Scholar, decorated Army combat veteran and business leader. Meanwhile, another Wes Moore, who grew up in the same part of town under similar circumstances, ended up a convicted felon serving a life sentence for murder.

Intrigued by their divergent paths, Moore wrote his imprisoned counterpart a note. A month later, he received a response. "The letter I received was one of the most interesting and articulate letters I've ever received and it raised more questions … The more I learned about this tragedy, the more I realized we had a lot of similarities and not just the same names," he said. Moore wrote of their divergent outcomes in his book.

"We can't have neighborhoods where it's acceptable to have a McDonalds as the only food outlet."

— **Wes Moore**, author of "The Other Wes Moore"

Among the many points he made regarding health, Moore challenged the assertion that environment determines one's eventual success or failure in life. "We're not products of our environments, I think we're products of our expectations … The expectations others have of you will eventually become the expectations you have for yourselves," he said. "If we look at a kid and the community they're from and say they're probably not going to make it, then kids have a funny way of making that happen, because we are a nation of self-fulfilling prophecies."

Regarding health, he maintained that communities need to hold themselves to higher expectations as well. "We can't have neighborhoods where it's acceptable to have a McDonalds as the only food outlet."

Day Three: The 'Me' Factor: Making Health the Default Choice

Dovetailing from Wes Moore's keynote, Day Three's plenary discussion focused on personal responsibility and health. **Elizabeth Carger**, a market researcher with Olson Zaltman Associates, began the conversation with thoughts on engaging reluctant masses and those with opposing views on health and health care.

With "bridging the divides" a recurrent theme throughout the 2012 Symposium, Carger talked about the political divides impeding health policy. Carger was a project researcher of "A New Way to Talk about the Social Determinants of Health." Produced for the Robert Wood Johnson Foundation, the study shares how to develop more compelling, effective and persuasive messages that resonate across the political spectrum.

Using metaphors to explain how Democrats and Republicans perceive health issues, Carger illustrated the stark differences between the two parties. She said Democrats envision health as a "system" in which all of the parts work together, while Republicans tend to view health as a "journey through time" that's not interconnected. "Democrats see poor levels of health emerging through an interrelated system of social, cultural and biological factors, so changing one factor isn't going to fix it," she said. Furthermore, Democrats believe there's an extreme imbalance between the "haves" and the "have-nots" that we as a society are obligated to equalize.

On the other side of the political spectrum, Carger said Republicans see no point of constructing elaborate systems because of the ever-changing nature of the world. Keeping with the "journey" metaphor, Carger said many Republicans would maintain that while health care in the United States isn't perfect, we've made vast improvements over the continuum of history. Republicans also maintain that we "can't provide everything to everyone" due to limited resources. "The system we have doesn't guarantee equality," Carger said in summarizing the Republican perspective. "You can't just throw unlimited resources at the problem. You have to demonstrate they're going to actually help people make better choices." Rather than "leveling the playing field," Republicans like to emphasize "raising the playing field," Carger said.

Ann E. Christiano, a professor of public-interest communications who worked on the aforementioned study with Carger, identified eight tips for getting people to pay attention and make health a priority. They are: 1) Stop saying what you do. Focus on why you do it. 2) Become strategically empathetic. 3) Communicate in pictures. 4) Use the full palette of emotion. 5) Stop hinting. Tell people what you want

them to do. 6) Tell stories like you mean it. 7) Remember that each person you communicate with is part of a larger social network. 8) Don't worry about whether your audience is as passionate about your issue as you are. Demanding moral conviction from everyone in your audience can be limiting. As a bonus tip, Christiano advised those in the conference room to "share their privilege." "You believe the issues you are taking on are surmountable," she said. "Understanding that change is possible can be the first and biggest step for everyone."

Sandeep Jauhar, MD, PhD, gave the Symposium audience insights on attitudes about how personal responsibility (or lack thereof) drives up insurance premiums when people smoke, drink in excess or become obese. In doing so, he examined the statement, "I'm tired of paying for somebody else's stupidity" and why it resonates with so many Americans. "Americans don't want to pick up the tab for other people's personal habits," said Jauhar, author of the book, "Intern: A Doctor's Initiation." "We believe in personal responsibility." He noted that the call for "personal responsibility" in managing health transcends political lines. "We need to make people responsible in their own health, otherwise we increase risks," Jauhar said. He pointed out that smoking costs the American health care system $200 billion a year and obesity will soon become the No. 1 cause of death with 300,000 American deaths annually. Jauhar also highlighted some notable findings regarding personal responsibility and insurance coverage. Among them: A health insurance experiment from RAND Corp. that showed people spend more on health care when they have no-deductible health insurance policies. "When health care is perceived as free, patients will generally use more of it," he said.

Concluding Day Three's discussion, **Chris Waugh**, director and co-founder of IDEO's Food & Beverage practice, talked about how to make health more interesting and engaging. Waugh works with businesses to design innovative approaches to move conversation to action. Waugh said that can be done by taking the word "health" out of the invitation. He offered an example of worksite cooking classes hosted by IDEO. "If you start by saying you should learn to cook healthy food because it's good for you, that's a terrible invitation," he said. "'Health' is an invitation without a party." On the other hand, an employer that offers free cooking classes that emphasize that cooking makes one attractive to romantic prospects gets more participation and better results. As for making health a bigger priority among kids, Waugh suggested reframing physical activity as "play" over "exercise." "We have to make exercise more functional," he said, noting that "walkability" is becoming a more important factor in real estate purchases than square footage.

About the Colorado Health Symposium

The Colorado Health Symposium is regarded as one of the most widely discussed health policy conferences in the country. For 31 years, the annual event has encouraged thought leaders to share ideas and provoke discussion with participants from the health care, government, academia, business and nonprofit sectors.

About this Report:

"Insights: 2012 Colorado Health Symposium" was compiled and edited 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 provided a number of resources to make the discussion accessible beyond the walls of the Keystone Resort & Conference Center, including the following:

Recorded Video on Ustream
www.ustream.tv/channel/the-2012-colorado-health-symposium
The 2012 Colorado Health Symposium plenary and keynote sessions as well as the interactive debate were broadcast live. Recordings are still available for viewing.

The Colorado Health Symposium Blog
coloradohealth.typepad.com/health_symposium/
The 2012 Symposium blog featured impressions from Symposium University student bloggers, along with overviews from each breakout session.

Twitter @HealthSymposium
Look back at the discussion on Twitter using the hashtag *#12CHS*.

"Colorado State of Mind"
www.rmpbs.org/content/index.cfm/show/289243/Episode-
Panelists from the Symposium shared their insights about health and health care in this public affairs show broadcast on Rocky Mountain PBS.

About the Colorado Health Foundation

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

The Colorado Health Foundation™

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