



Rocky Mountain Highs and Lows:

Efforts to Improve Health and
Reduce Costs in Denver

SITE VISIT
REPORT

DENVER, COLORADO

MAY 31–JUNE 2, 2011

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We greatly appreciate all of the people who gave their time to speak to our group (listed in the agenda) and others who made valuable contributions to the site visit, including Adam Atherly, Amy Barton, Allan Baumgarten, Judy Baxter, Patty Boyd, Andy Bradford, Ross Brooks, Tim Byers, Liz Cantrell, Rachel Cleaves, Kay Dickersin, Vic Dukay, K. Inger Fedde, Elizabeth Gay, Dick Hamman, Kathy Kennedy, Dick Krugman, Ellen Lawton, Becky Lusk, Maureen Maxwell, Owetta McNeil, Carmen Miranda, Pat Moritz, Dave Myers, Shepard Nevel, Tyler Norris, Tracey Richers Maruyama, Clay Samford, Erica Schwartz, Janet Shikles, Sharon Stevenson, Maren Stewart, Francesco Subiada, Ben Vernon, Lisa Walvoord, Lindsey Webb, Stacy Weinberg, Aaron Wernham, Lou Ann Wilroy, Lynn Wolfe, and Billy Wynne.

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The Forum would also like to acknowledge the people who enlisted in this somewhat atypical site visit with an agenda that required a high degree of flexibility and willingness to spend a considerable amount of time and effort on issues outside their usual bailiwicks. We thank them for their interdisciplinary, cross-agency, multi-issue spirit!

BACKGROUND

The consolidated City and County of Denver is the capital of Colorado. With just over 600,000 residents, it is the 26th most populous city in the United States, comparable to Washington, DC, in population size but with less than half the density. Because of its geographic elevation, Denver is nicknamed the “Mile High City.” Surrounded on all sides by vast prairies, one has a view of the spectacular Rocky Mountains from most places in the city. The political landscape is also a study in contrasts. Many of the people we met with characterized Colorado as a “purple” state, with both Democrat and Republican elected leadership, a large block of Independent voters, and a range of temperament: fiscally conservative, moderate politically, and progressive in the arenas of public health and health care.

Although the health status of Coloradans is among the best in the country, it is slipping in a number of areas. Colorado has the lowest prevalence of obesity of any state, but, as in other states, obesity has been steadily increasing. The Colorado Health Foundation first created a state health report card in 2006 and notes that Colorado’s overall health has not improved since. In 2010, the state received a “C” for prenatal care for babies and their mothers and a “D+” for indicators related to the health of children.¹ Colorado has undertaken various health reforms during the past decade, and many of its health care institutions are considered national models. Leadership under Governor Hickenlooper encourages collaboration among key state agencies, which is viewed as a promising avenue for improving care delivery and quality and reining in costs.

In 1992, Colorado passed the Taxpayer’s Bill of Rights (TABOR), a state constitutional amendment designed to limit the growth of government. TABOR applies to both state and local governments and limits revenues to the combined percentages of inflation and population growth. In years that revenues collected exceed the limit set by the formula, excess revenues are returned to taxpayers. Critics of TABOR argue that it makes permanent the public services cuts required during lean economic times, when revenues often fall significantly below population and inflation growth, and set a new spending baseline. A state referendum in 2005 imposed a five-year moratorium on TABOR revenue limitations through June 30, 2010; TABOR is currently in full effect. A number of speakers expressed concern about the impact of TABOR’s renewed enforcement given current economic conditions.

In 2006, the state of Colorado formed the Blue Ribbon Commission for Healthcare Reform, or 208 Commission, “to study and establish health care reform models for expanding coverage, especially for the underinsured and uninsured, and to decrease health care costs for Colorado residents.”² In January 2008, the Commission submitted its final report to the Colorado General Assembly, characterizing it as a road map for reducing the number of uninsured Coloradans by 88 percent, making it easier for people to get and keep coverage, improving the delivery of services for vulnerable populations, encouraging and rewarding prevention and personal responsibility, preserving and enhancing consumer choice, strengthening the safety net, and streamlining administrative processes to save an estimated \$167 million.³ On the basis of recommendations from the Commission, in 2009 the legislature passed the Colorado Health Care Affordability Act that included a hospital provider fee to finance, for the first time, Medicaid eligibility for childless adults to 100 percent of the federal poverty level (FPL) as well as an increase of eligibility for Medicaid parents to 100 percent of the FPL and for children to 250 percent of the FPL through a combination of Medicaid and Colorado’s Children’s Health Insurance Program, Child Health Plan Plus. The state is currently focused on dovetailing its state health reform efforts with national health reform; on June 1, 2011, the governor signed a law creating the state’s health benefit exchange.

A variety of other initiatives have been underway in Denver and Colorado to improve the health of residents. Some, like the ongoing innovations and continuous improvement at Denver Health, the city’s safety net and public health system, are relatively longstanding. Others are more recent, like LiveWell Colorado, a non-profit organization created in 2007 focused on reducing obesity in Colorado, or the new Anschutz Medical Campus of the University of Colorado. The collaborations and initiatives are numerous and impressive, involve many sectors of society, and can be found in virtually every corner of the city and its metropolitan area. Like other cities, Denver confronts economic challenges and is affected by local, state, and federal budget woes. Moreover, as several Coloradans said: although they are justifiably proud of their ability to work together across many types of dividing lines, the challenges are great, and all is not rosy.

PROGRAM

Against this backdrop of wide-ranging and multi-faceted efforts to improve health, it is not possible in one short site visit to do justice to all of the work being done in Denver. The Forum, with the much-appreciated assistance of dozens of people inside and outside Denver, developed a three-day agenda that attempted to convey the breadth and interconnectedness of the efforts underway to improve health in Denver and to highlight both successes and challenges. The exploration concentrated on how three themes of national interest are unfolding in Denver: building and sustaining a robust and effective safety net in an evolving health care market; improving the health of people and their communities to prevent and reduce the need for health care services; and interprofessional education, training, and practice to foster the development of the teams of health professionals envisioned for the future. The site visit also examined the intersections among and disconnects between these critical aspects of a comprehensive approach to a healthy city.

Before the Trip

A pre-visit briefing grounded the group in the demographics and politics of Denver, as well as the history of its health reform efforts. The briefing featured presentations by and discussion with Ned Calonge, president and chief executive officer of The Colorado Trust, and Bill Lindsay, president of the Benefit Group for the Denver office of Lockton Companies, LLC, and the chair of the Denver Metro Chamber of Commerce. Dr. Calonge previously served as the chief medical officer of the Colorado Department of Public Health and Environment, and Mr. Lindsay chaired the 2008 Commission, and thus the two of them provided an excellent overview of and introduction to Denver's health scene.

The agenda included visits to several communities in the Denver Metro Area; a variety of health care delivery sites ranging from a small school-based clinic to a large academic medical center under expansion; and the new interprofessional Anschutz Medical Campus which houses the University of Colorado schools of medicine, nursing, dentistry, pharmacy, and public health. The agenda also included several panels convened in the hotel and at various other sites.

Day One

With the goal of setting Denver's efforts in the larger context of Colorado, day one of the site visit began with a panel of five speakers who work at the state level, including the heads of the three departments with major responsibilities for health: Public Health and Environment, Human Services, and Health Care Policy and Financing. After a broad-ranging panel discussion, the group visited its first site, the headquarters campus of Denver Health, Denver's highly acclaimed integrated safety net system. At Denver Health, site visitors heard from three members of the leadership; toured the Emergency Department, novel Medical Intensive Care Unit, and Community Health Center; and had a panel discussion over lunch with the heads of public health at Denver Health, the City and County of Denver, and the Tri-County Health Department. Then the group headed over to the Inner City Health Center, a faith-based free clinic in Denver's Clayton neighborhood, for a tour of the clinic and two panel discussions. The first panel focused on Community Health Clinics and featured leaders from three safety net clinics outside of the Denver Health system. The second panel focused on the Grand Junction model of an integrated health care delivery system in western Colorado. Timing constraints did not allow for an excursion to Grand Junction, and we are grateful that panelists were willing to come to Denver so that the group did not have to forego a discussion of this other highly acclaimed model for integration. The panelists included a family physician who practices in the system, the health insurer involved, and a doctor who has studied the model extensively for the Colorado Foundation for Medical Care, Colorado's health care quality improvement organization.

Day Two

Day two began with a panel discussion that featured seven different perspectives on collaboration and competition in Colorado, ranging from that of a small business owner to that of president of the state's hospital association. After the panel, the group visited Commerce City, a suburb of Denver, to see and hear about a range of activities underway to improve the health of the community. Our visit in Commerce City began with a tour of two contrasting school-based health centers and a discussion with four practitioners and administrators involved in school-based health care. Next, the group proceeded to

Derby Center, built to facilitate community gatherings in the heart of historic Commerce City, for a discussion and tour of the Healthy Initiatives that are part of the Derby revitalization. The Derby Center also hosted a lunch panel on school wellness that featured four people who work with the local school system. From there the group headed to the Stapleton Development, a planned community built on the site of the former Denver airport. There, a member of the 2040 Partners for Health board joined our group on the bus and narrated a tour of the Stapleton Development and the surrounding communities (East Montclair, Park Hill, Northeast Park Hill, and Northwest Aurora). The 2040 Partners for Health characterize themselves as a learning community in which these neighborhoods work with the University of Colorado and the Stapleton Foundation to advance the health and health care of area residents and employees. The tour concluded at the Clayton Training Center where four panelists joined our narrator for a discussion of the role of community-based participatory research in improving community health. Day two concluded with a dinner that included several invited guests who work for a variety of health policy organizations or health services providers in the Denver area, and who we were otherwise not able to fit into our crowded agenda.

Day Three

Our final day in Denver was spent on the Anschutz Medical Campus of the University of Colorado, a campus built to house multiple schools for health professions and to foster interprofessional education, training, and practice. Day three began with a presentation about the campus and the interprofessional programs given by the director of these programs. A tour of the campus followed and included stops at the Emergency Departments of both University Hospital and Children's Hospital, as well as demonstrations in the campus's state-of-the-art simulation center, which uses life-like, responsive, computerized mannequins to train teams of students. After the tour, the group heard another variation on the theme of interprofessional collaboration from a panel of three leaders from the Medical-Legal Partnership at the Children's Hospital. The site visit concluded with a lunchtime discussion of interprofessionalism with a large panel of students, faculty, and administrators from the various schools on the Anschutz Medical Campus.

IMPRESSIONS

The National Health Policy Forum asked participants to reflect on what they saw and heard during the site visit. What follows is a compilation of their impressions, captured immediately after the conclusion of the agenda and then discussed after further reflection at a debriefing session the following week.

General

A few themes were common across the wide variety of sites visited and programs examined. These include the importance of leadership, the challenges and rewards of collaborative efforts, the prominence of local foundation support of health improvement initiatives, and the need to think about distributing more equitably the burden of evaluating innovations.

Participants observed leadership in action across all sites and at every level. Creative and determined leadership and the impact that it can have were evident, where perhaps expected, among those holding leadership positions such as the chief executive officer of Denver Health, dean of the University of Colorado Medical School, and principal of Rose Hill Elementary School. Somewhat unexpected, however, was the combination of doggedness and flexibility that these leaders exhibited, and site visit participants noted their apparent lack of jadedness and continued passion through their long-term tenure in these positions.

Site visit participants also commented on the abundance of leadership observed in perhaps less-expected and -heralded corners, such as by the manager of nutrition services for the Adams 14 School District and the “average citizens” of Commerce City and the 2040 Partners for Health neighborhoods, where inspired individuals (sometimes literally by going door-to-door) galvanized their communities to identify and tackle barriers to good health. General concerns among leaders were similar, foremost among them dealing with the ever-present threat of burnout, as well as sustaining strong leadership as leaders retire, move on, or simply leave the neighborhood.

Participants also observed an unexpectedly high degree of collaboration in a city and state typically characterized—even by residents—as exhibiting a “frontier mentality” marked by profound independence (although others pointed out that survival on the frontier

often requires working together). Most of these collaborations were formal and had some amount of structure and support, although participants noted the importance of some of the less formal mechanisms, such as the heads of state health agencies making a point of getting together for breakfast every month. Models of collaboration discussed included the 208 Commission established by the Colorado legislature, the relationships among neighboring public health departments, the management and quality improvement teams at a variety of health care institutions, the interprofessional programs at the University of Colorado, the Medical Legal Partnership, and the neighborhood and community consortiums developed under the rubrics of the federally funded Communities Putting Prevention to Work grants and/or the privately funded LiveWell Colorado.

The people involved in these various collaborations shared many challenges and concerns. In particular, they generally stressed the large amount of effort, unseen and therefore largely unrecognized and under-resourced, that goes into building and maintaining the relationships necessary for successful collaboration. For new projects, this can also have implications for their evaluation, as the initial period of a grant may be consumed with building the collaborative and still have little to show in the way of end results. Another frequently identified challenge was that of sustaining collaborative efforts for the duration necessary. For collaborations aimed at growing healthy communities generally rather than specific projects, this may be undetermined or indefinite. Many government and private funding streams are more narrowly focused and for a shorter and/or more uncertain duration than what those involved in these collaborations see as needed.

Site visit participants remarked on the prominence of local, private philanthropic support in many of the programs we visited, and many of the people we met with emphasized the importance of Colorado's several large and strong foundations, saying that without this support they likely would not be able to maintain their programs in the face of federal, state, and local cutbacks. The foundations that provide major support to health programs in Denver and were most often mentioned included the Colorado Trust, the Colorado Health Foundation, the Rose Community Foundation, and Caring for Colorado Foundation.

By design, most of the programs that we visited were either existing efforts that were trying to innovate or brand new initiatives. Site

visitors were exposed to very little that was status quo. Virtually all of the programs we saw were engaged in evaluation, because it was both a priority internally (often an integral part of the program) and required externally by public and private funders. Those involved were convinced of the value of evaluation and the importance of being able to demonstrate results, but frequently voiced a concern that the burden of demonstrating effectiveness or cost-effectiveness often falls disproportionately on those who are trying to innovate. In virtually every case, the status quo to which the innovation was being compared had never been proven or even required to demonstrate results. Innovators called for some sensitivity to this and for some creative thinking on the part of funders about how the playing field might be evened.

Denver's Safety Net and Evolving Health Care Market

Denver appears to have a robust health care safety net, including a model integrated system at Denver Health, but access challenges remain across the metro area and many safety net providers struggle financially. In the broader marketplace, stakeholders collaborate and compete, with anticipated health reform changes spurring competitive behavior. Except for a few models of integrated care that appear to align incentives, cost containment remains elusive. The demand for behavioral health services exceeds the supply of providers.

Denver typifies health care market trends seen across the country: a substantial hospital building boom particularly into suburban areas, the creation of hospital systems, and hospitals and health systems acquiring physician practices. Key institutions include three large hospital systems: HealthONE/HCA, Centura Health, and Exempla Healthcare, with Denver Health and Children's Hospital constituting the core safety net hospitals. In 2007, University Hospital and Children's Hospital of Colorado moved out of the city and built new facilities in Aurora, an adjacent suburb east of Denver. Construction of a new Department of Veterans Affairs hospital is underway on the same campus. Within the Denver city limits, the exodus of these key hospitals has also been met with the building of new facilities; for example, the HealthONE system opened a new Rocky Mountain Hospital for Children within Denver in 2010.⁴

Colorado offers insights into integrated delivery systems, with a formally integrated safety net system at Denver Health and a virtually

integrated system in Grand Junction. Denver Health is comprised of a hospital with a level one trauma center, all federally qualified health centers within the city limits of Denver, the Denver public health department, 911 emergency response, the Rocky Mountain Poison and Drug Center, a 100-bed detoxification facility, a correctional care facility, and the Denver Health Medical Plan. In 2010 Denver Health, among 112 academic medical centers, had the lowest observed-to-expected mortality ratio—that is, the ratio of actual deaths at Denver Health compared to deaths that would have been expected at Denver Health based on national trends.⁵ Denver Health leadership attributes its ability to achieve such good outcomes to the high quality of care it delivers, despite a relatively challenging patient population (compared with non-safety net providers) and lower cost of care (compared with most providers). The leadership believes that an integrated delivery system, an employed physician model, and health information technology are key factors in its success. Denver Health's integrated system helps facilitate access to specialty care and continuity of care, typically significant problems for uninsured and Medicaid patients. However, demand outstrips supply and the system maintains a list of about 7,800 uninsured adults waiting for a primary care visit.

The health care delivery system in Grand Junction, like most health care markets in the United States, is not formally integrated. But because of its virtual integration, many consider it as a national model for achieving low-cost, high-quality care. Its institutions include the Mesa County Independent Physicians Association, Rocky Mountain Health Plans, two hospitals, an independent community clinic, a regional health information network, hospice, and home care. Grand Junction's effort at integration originally ran afoul of anti-trust laws, and its struggles are instructive to policymakers looking to help communities deliver better quality care at lower costs through virtually integrated systems. The Colorado Foundation for Medical Care has been studying this model to determine lessons that might be transferable to other communities around the country.

Access to health care remains fragile for uninsured and underserved people who live outside the Denver city limits and uninsured people living in Denver awaiting access to Denver Health. To access primary care and behavioral health services, these populations rely on a network of free clinics like Inner City Health Center, nurse-managed health centers like Sheridan Health Services, school-based

health centers like Community Health Services, Inc., and federally qualified health centers like Clinica Family Health Services and Metro Community Provider Network. Both Colorado health reform and national health reform created the prospect of improving the financial stability of some of these clinics to the extent that formerly uninsured patients will continue to seek services there once they become insured. However, all of the clinics noted that they serve a large number of undocumented people in need of care who will not obtain health insurance coverage under health reform.

Although the site visit did not focus directly on behavioral health, almost all providers and administrators commented on the significant gap between the behavioral health needs of people in the Denver area and behavioral health care capacity. Inadequate access to primary care and behavioral health services for many uninsured and underinsured people was noted in the disproportionate number of people with conditions that otherwise could have been treated in an ambulatory care setting and behavioral health conditions presenting at University Hospital's emergency department.

Community Health

Mirroring national trends, a number of metro Denver communities are looking beyond medical care to improving neighborhood health broadly. Literally from the ground up, efforts include creating community gardens, conducting door to door surveys, organizing neighborhood exercise classes, and improving the nutritional value of school meals.

Access to fresh fruits and vegetables; clean water and air; safe homes, sidewalks, and bike lanes; parks and playgrounds; public transportation; and zoning that limits access to alcohol—these factors have been shown to have a greater influence on health than access to medical care. A number of communities in the metro Denver area have studied and embraced an approach to achieving health and wellness that focuses on these factors. According to *F as in Fat: How Obesity Threatens America's Future*, a report published and released annually by the Robert Wood Johnson Foundation and Trust for America's Health, Colorado is the leanest state in terms of adult obesity. Such a ranking may seem like cause for celebration, but the news isn't all good: the prevalence of adult obesity in Colorado has nearly doubled in the past 15 years. One in five Coloradans is obese and 56.2 percent

are either overweight or obese. Colorado is ranked 29 out of 51 for its childhood obesity rate.⁶ Disparities between white and minority populations are evident in the prevalence of obesity in black and Latino populations at 27.9 percent and 24.8 percent, respectively, compared with 18.3 percent for the white population.⁷

Colorado benefits from a robust focus on health and wellness driven in large part by investments to promote healthy eating and active living from the Colorado Health Foundation, Kaiser Permanente, and the Kresge Foundation. In partnership with funders and the Colorado Department of Public Health and Environment, LiveWell Colorado spearheads many of these activities by funding communities, advocating for policy change, and educating Coloradans. Commerce City, a community in Adams County just outside of Denver, has undertaken a multi-pronged approach to improving its health, including “built environment” changes to promote physical activity and efforts to increase healthy eating. Demographically, over 50 percent of residents are Hispanic, and residents have lower incomes and higher obesity prevalence than neighboring areas.

In 2006, Kaiser Permanente awarded the Tri-County Health Department (Adams, Arapahoe, and Douglas counties) a multi-year grant to create LiveWell Commerce City, an initiative aimed at promoting healthy eating and active living in historic Commerce City through a combination of programs, policies, and changes to the built environment. The city government and school district were active partners from inception, and individual schools, school district administrators, police and fire departments, universities, elected officials and community organizations all participated. Residents were engaged through community-driven strategies and outreach led by bilingual outreach specialists.⁸ Concurrent with the creation of the LiveWell initiative, Commerce City started a restoration of the Derby District, historic Commerce City’s commercial core. Because both efforts began at the same time, the health department and city agreed that Derby should be the LiveWell program’s initial focus for changes to the built environment. As part of this work, the health department conducted a health impact assessment (HIA) to evaluate the potential impact of Derby’s redevelopment on physical activity and nutrition behaviors of the population of historic Commerce City. The HIA analyzed traffic safety, personal safety, walkability, and access to healthy food in Derby.⁹ Our tour of Commerce City included a major project that resulted from the HIA: a traffic-calming

intersection at the heart of the Derby District that improved the walkability of the neighborhood.

Complementing these environmental changes, the Adams 14 school district, which serves Commerce City, incorporated nutrition improvements and physical activity requirements into its school wellness policy. The school district implemented a universal, healthy school breakfast program, eliminated flavored milk, and began to offer only 1 percent or nonfat milk. Culinary boot camps, funded by a Communities Putting Prevention to Work grant from the Centers for Disease Control and Prevention and the Colorado Health Foundation, were held across the state to teach school food service directors and staff to cook from scratch rather than relying on processed, frozen convenience foods. One elementary school principal commented that the school meal changes had resulted in noticeable, positive, behavior changes among her student body and that the school nurse's caseload had lowered significantly. In addition to the healthy changes in meals for students, physical education requirements were increased to at least 150 minutes per week, recess times were increased at elementary schools, and a number of school tracks were reopened. However, according to local advocates, more work needs to be done to improve opportunities for physical activity to complement improvements in school nutrition.

In contrast to historic Commerce City, the nearby Stapleton Development, a planned community built on the site of the former Denver airport, provided an example both of what can be accomplished by starting from scratch with healthy community principles in mind. It also showed the challenges of improving health in the existing surrounding neighborhoods. The 2040 Partnership emphasizes community-based participatory research as a tool, like health impact assessment, for engaging the community under the theory that meaningful community involvement in the process will produce better results. The Medical Legal Partnership at Children's Hospital provided another example of efforts to improve individual health by addressing broader determinants of health like a family's legal needs, housing quality, or access to food assistance or health care benefits.

Health Professions Education and Training

Interprofessional education and training is progressing at the University of Colorado Denver's Anschutz Medical Campus with cam-

pus design, academic calendar and curriculum modifications, and training opportunities reflecting efforts to encourage team-based education among students of medicine, nursing, physician assistance, physical therapy, dentistry, and pharmacy.

The norm in health professions education is for students of different disciplines (for example, physicians, nurses, and pharmacists) to be educated separately from each other. It is not surprising then, that they emerge into practice somewhat baffled by demands that they work smoothly together to coordinate care, manage chronic disease, and make transitions among care settings seamless for patients. The Anschutz Medical Campus was designed and built from scratch to facilitate collaborative, interprofessional education. Instead of the traditional separation of teaching, research, and administrative areas by discipline, teaching areas are centralized and utilized by all health professions, as are research and administrative offices. A grant from the Josiah Macy Jr. Foundation is allowing the University of Colorado, Denver, Anschutz Medical Campus, to develop an interprofessional curriculum integrated with the preclinical and clinical training for health profession students. The REACH program (Realizing Educational Advancement for Collaborative Health) aims to establish, teach, and evaluate campus-wide student competencies in teamwork, collaborative interprofessional practice, and quality and safety with a particular focus on vulnerable and underserved populations.

Implementing interprofessional education requires overcoming a number of logistical, financial, and cultural challenges. Although a seemingly simple change, getting all the disciplines on the same academic calendar took several years at Anschutz. Finding faculty with the time and the inclination to teach such a group reaches into the complexity of academic culture. For the REACH program, in addition to some shared course work, interdisciplinary teams of four to six students are paired with a person from the community who serves as a health mentor. Interdisciplinary teams also participate in a variety of sophisticated simulations with video monitoring and learner feedback at the Center for Advancing Professional Excellence (CAPE). Ultimately the program will include interprofessional collaborative practice experiences as a fundamental part of students' clinical training. The 2010-2011 academic year enrolled the first cohort of 100 students into REACH; the 2011-2012 academic year will enroll approximately 700 students.

Although the concept of interprofessional education is not a new one, program implementation is generally still at a nascent level across the country. Some advocates say that interprofessional education may finally be gaining traction due to changes in health policy and law. They point to new models of primary care, such as the medical home, that are expected to achieve better outcomes for the chronically ill and other at-risk populations. Inertia, lack of leadership, and lack of incentives remain powerful forces, however. Interest is high in determining whether a program like REACH will be able to attract students, if the people trained in this manner will provide better care, and if they will ultimately be change agents in the health care work place.

CONCLUSION

Denver and Colorado are likely further along than many other areas of the country in terms of innovations such as integrated health care, community-based approaches to improving health, and interdisciplinary education and training. Consequently, they may be better prepared to adapt to the rapidly changing health care landscape. However, they face challenges as do other cities and states, such as unevenness of the quality and cost-effectiveness of programs, a large undocumented population, and lack of some critical services such as behavioral health. The importance of strong leadership, the ability to collaborate, local support of and involvement in health improvement initiatives, and capacity to demonstrate the effectiveness of innovative approaches will take on even greater importance moving forward.

ENDNOTES

1. The Colorado Health Foundation, "The Colorado Health Report Card 2010," available at www.coloradohealthreportcard.org/reportcard/2010/default.aspx.
2. State of Colorado, "The Blue Ribbon Commission for Healthcare Reform," available at www.colorado.gov/cs/Satellite/BlueRibbon/RIBB/1162927341977.
3. Blue Ribbon Commission for Healthcare Reform, "Final Report to the Colorado General Assembly: Executive Summary," available at www.colorado.gov/cs/Satellite?c=Page&cid=1201542097631&pagename=BlueRibbon%2FRIBBLayout.
4. Allan Baumgarten, "Colorado Health Market Review," August 2010, available at www.allanbaumgarten.com/index.cfm?fuseaction=dsp_report&state=co.

5. Patricia A. Gabow and Philip S. Meher, "A Broad and Structured Approach to Improving Patient Safety and Quality: Lessons from Denver Health," *Health Affairs*, 30, no. 4 (April 2011): pp. 612–618, available with subscription at <http://content.healthaffairs.org/content/30/4/612.abstract>.
6. The most recent data for childhood statistics on a state-by-state level are from the 2007 National Survey of Children's Health (NSCH), available at www.cdc.gov/nchs/slait/nsch.htm#2007nsch. According to that study, Colorado's obesity rates for children ages 10 to 17, defined as body mass index (BMI) greater than the 95th percentile for age group, was 14.2 percent.
7. Trust for America's Health, *F as in Fat: How Obesity Threatens America's Future 2011*, July 2011, p. 14, available at <http://healthyamericans.org/assets/files/TFAH2011FasInFat10.pdf>.
8. For more about LiveWell Commerce City, see <http://about.livewellcolorado.org/livewell-commerce-city>.
9. Tri-County Health Department and LiveWell Commerce City, "Health Impact Assessment, Derby Redevelopment, Historic Commerce City, Colorado," September 2007, available at www.healthimpactproject.org/resources/document/derby-redevelopment.pdf.

AGENDA

MONDAY, MAY 30, 2011

Evening **Participants Arrive in Denver and Check in to hotel**
Brown Palace/Comfort Inn, 321 17th Street]

TUESDAY, MAY 31, 2011

7:30 am **Breakfast Available** [Onyx Room]

8:00 am **State Perspectives** [Onyx Room]

Lorez Meinhold, *Deputy Policy Director*, Governor's Office of Policy and Initiatives

Christopher Urbina, MD, MPH, *Executive Director*, Colorado Department of Public Health and the Environment

Reggie Bicha, MSW, *Executive Director*, Colorado Department of Human Services

Susan E. Birch, MBA, BSN, RN, *Executive Director*, Colorado Department of Health Care Policy and Financing

Elisabeth Arenales, JD, *Health Care Program Director*, Colorado Center on Law and Policy

- What were the factors that led Colorado to undertake comprehensive health reform several years ago? What has been the impact of national health reform on Colorado's efforts?
- What are the major challenges going forward in fostering healthy Coloradans?

9:30 am **Bus Departure – Denver Health** [790 Delaware Street, Denver]

10:00 am **Denver Health Overview** [Pavilion C, Sabine Room CB04]

Patricia Gabow, MD, *Chief Executive Officer*

Paul Melinkovich, MD, *Director*, Community Health Services

Thomas D. MacKenzie, MD, MSPH, *Chief Quality Officer*

- What are the major challenges in developing and maintaining an integrated system such as Denver Health?
- What are the advantages and disadvantages of an integrated system?
- How have state and national health reform impacted Denver Health?

TUESDAY, MAY 31, 2011

11:45 am Walking Tour – Denver Health Facilities

12:45 pm Lunch

1:15 pm Denver Metro Public Health

William Burman, MD, *Interim Director*, Denver Public Health

Nancy Severson, JD, MBA, *Manager, Environmental Health*, City and County of Denver

Richard L. Vogt, MD, *Executive Director*, Tri-County Health Department

- How do metro Denver health departments manage the dual challenge of coordinating with the health care system and neighboring public health systems?
- How much attention is paid to public health relative to all health care issues in the state and the Denver metro area? Should public health issues be made more visible?
- What are the major public health challenges and priorities in the metro Denver area?

2:30 pm Bus Departure – Inner City Health Center [3800 York Street, Denver]

3:00 pm Tour Inner City Health Center

3:15 pm Community Health Clinics [3840 York Street, Room 100]

Kraig Burleson, *Chief Executive Officer*, Inner City Health Center

Emily Burke, DNP, MS, FNP, *Lead Family Nurse Practitioner*, Sheridan Health Services

Pete Leibig, *President and Chief Executive Officer*, Clinica Family Health Services

- How robust is the health care safety net in metro Denver?
- How have state and national health reform affected safety net clinics?
- How well do federal policies accommodate or support the different models for community clinics?

TUESDAY, MAY 31, 2011

4:15 pm

Grand Junction/Western Slope Model

Michael J. Pramenko, MD, *Family Physician*, Primary Care Partners

Jane Brock, MD, MSPH, *Chief Medical Officer*, Colorado Foundation for Medical Care

Steve ErkenBrack, JD, *President and Chief Executive Officer*, Rocky Mountain Health Plans

- What are the advantages and disadvantages of this model of integration in comparison to the Denver Health model?
- What parts of the model that could be replicated in other settings?
- How is this model affected by changes under state and national health reform?

5:30 pm

Bus Departure – Hotel

6:30 pm

Dinner – Tamayo [1400 Larimer Street, in Larimer Square]

WEDNESDAY, JUNE 1, 2011

7:30 am

Breakfast Available [Onyx Room]

8:00 am

Collaboration and Competition in Colorado [Onyx Room]

Michael J. Pramenko, MD, *President*, Colorado Medical Society

Philip B. Kalin, MHA, *President and Chief Executive Officer*, Center for Improving Value in Health Care (CIVHC)

Steven Summer, MBA, *President and Chief Executive Officer*, Colorado Hospital Association

Phyllis Albritton, *Executive Director*, Colorado Regional Health Information Organization (CORHIO)

Annette Quintana, *Chief Executive Officer*, Istonish Holding Company

Jandel T. Allen-Davis, MD, *Vice President*, Government and External Relations, Kaiser Permanente Colorado

Barbara Yondorf, MPP, *President*, Yondorf & Associates

- What accounts for the high level of coordination among health stakeholders in Colorado?

WEDNESDAY, JUNE 1, 2011

- 8:00 am** **Collaboration and Competition in Colorado (continued)**
- In what sectors is there the greatest competition?
 - How have collaboration and competition among stakeholders been affected by state and national health reform?
- 10:00 am** **Bus Departure – Commerce City**
- 10:30 am** **Tours of Adams City Middle School Health Center**
[4451 East 72nd Avenue, Commerce City] **and**
Adams City High School Health Center
[7200 Quebec Parkway, Commerce City]
- Sarah Winbourn, MD**, *Medical Director*, Community Health Services
- Norma Portnoy, MSW**, *Executive Director*, Community Health Services
- Nina McNeill, CPNP**, *Clinic Coordinator*, Adams City Middle School-Based Health Center
- Deborah K. Costin, MA**, *Executive Director*, Colorado Association for School-Based Health Care
- How have school-based health services evolved in Commerce City over time, and what are continuing challenges?
 - What is known about the effect of school-based health services on the population in Commerce City?
- 11:05 am** **Bus Departure – Derby Center**
- 11:15 am** **Health in All Policies in Action: Derby Redevelopment**
[7270 Monaco Street, Commerce City]
- Jessica Osborne, MURP, MUD**, *Active Community Environments Coordinator*, Colorado Department of Public Health and Environment
- Lisa Schott, MURP**, *Healthy Eating and Active Living Planner*, Partnerships for Healthy Communities
- Karen Widomski**, *Policy Analyst*, City of Thornton
- Traci Ferguson**, *Parks Planner*, City of Commerce City
- Matt Cunningham, MURP**, *Built Environment Specialist*, Communities Putting Prevention to Work Initiative, Tri-County Health Department

WEDNESDAY, JUNE 1, 2011

11:15 am

Health in All Policies in Action (continued)

Matt Cunningham, MURP, *Built Environment Specialist*,
Communities Putting Prevention to Work Initiative, Tri-County
Health Department

Kyle Legleiter, MPH, *Physical Activity Coordinator*, Colorado
Department of Public Health and Environment

- What are the challenges in building and sustaining broad-based partnerships?
- How does health impact assessment facilitate community health improvement?
- What have been the outcomes of the partnership and redevelopment process?

12:15 pm

Walking Tour – Commerce City Healthy Initiatives

Merrick Weaver, MHS, *Executive Director*, Partnerships for Healthy
Communities

Jana Wright, MEd, *Director, Health Literacy & Education*,
Partnerships for Healthy Communities

12:45 pm

Lunch

1:15 pm

School Wellness

Cynthia Veney, *Manager of Nutrition Services*, Adams 14 School District

Rainey Wikstrom, *Wellness Coordinator*, Communities Putting
Prevention to Work

Samara Williams, *Principal*, Rose Hill Elementary

Annette Kish, *School Nutrition Services Staff Member*, Alsup Elementary

- What are the challenges in initiating and implementing school wellness programs?
- How have school wellness activities affected the learning environment?
- How have they affected children's health and that of the community at large?

WEDNESDAY, JUNE 1, 2011

- 2:30 pm **Bus Departure – Stapleton** [7350 E. 29th Avenue, Denver]
- 3:00 pm **Bus Tour – Stapleton Development and Surrounding Communities**
- Narrated by **Tracey Stewart, MEd**, *Board Member*, 2040 Partners for Health
- 4:00 pm **Community Based Participatory Research** [102 Meera Mani Room, Clayton Training Center, 3975 Martin Luther King Blvd, Denver]
- Tracey Stewart, MEd**, *Board Member*, 2040 Partners for Health
- Debbi Main, PhD**, *Chair*, Department of Health and Behavioral Sciences, University of Colorado, Denver
- Patricia Iwasaki, MSW**, *Steering Committee Member*, Taking Neighborhood Health to Heart
- George Ware, MS**, *Co-Chair*, *Steering Committee*, Taking Neighborhood Health to Heart
- Janet Meredith, MBA**, *Executive Director*, 2040 Partners for Health
- How does community-based participatory research facilitate community health improvement?
 - What are the advantages and disadvantages of this approach compared with others?
 - What have been the successes and what are the challenges for the Taking Neighborhood Health to Heart partnership?
- 5:30 pm **Bus Departure – Hotel**
- 6:30 pm **Dinner – Panzano** [909 17th Street at Champa, in Hotel Monaco]
- Dinner guests include:
- Ned Calonge, MD, MPH**, *President and Chief Executive Officer*, The Colorado Trust
- Alexis Weightman, MPP**, *Senior Public Policy Officer*, The Colorado Health Foundation
- Joan Henneberry, MS**, *Director*, Health Insurance Exchange, Colorado Health Institute
- Michele Lueck**, *President and Chief Executive Officer*, Colorado Health Institute

WEDNESDAY, JUNE 1, 2011

- 6:30 pm **Dinner (continued)**
- Sara Schmitt**, *Policy Analyst*, Colorado Rural Health Center
- Donna Marshall, MBA, BSN**, *Executive Director*, Colorado Business Group on Health
- Gretchen Hammer, MPH**, *Executive Director*, Colorado Coalition for the Medically Underserved

THURSDAY, JUNE 2, 2011

- 8:15 am **Bus Departure** [Have breakfast on your own, check out, and be on bus with luggage]
- 8:45 am **Interprofessional Health Education, Training, and Practice**
[Shore Family Forum Auditorium, Ben Nighthorse Campbell Building]
- Mark Earnest, MD, PhD**, *Co-Director*, LEADS Track Program and *Director*, REACH
- What was the impetus for the development of the Anschutz campus?
 - How do interprofessional education, training, and practice differ from the traditional approach?
 - What are the advantages and disadvantages of interprofessional education?
- 9:30 am **Campus Walking Tour and CAPE Simulation Center Demonstration**
- Gwyn E. Barley, PhD**, *Director and Associate Professor*, Center for Advancing Professional Excellence, University of Colorado, School of Medicine

THURSDAY, JUNE 2, 2011

11:30 am

Medical-Legal Partnership

David Fox, MD, *Attending Physician*, Children's Hospital of Colorado

Jonathan D. Asher, JD, *Executive Director*, Colorado Legal Services

Ellen Alires-Trujillo, JD, *Staff Attorney*, Colorado Legal Services

- How do legal issues contribute to health status?
- What have been the challenges in initiating and sustaining a medical legal partnership program?
- What has been the impact of this program on individual, family, and community health?

12:30 pm

Lunch and Discussion with Faculty and Students

1:45 pm

Bus Departure – Denver International Airport

BIOGRAPHICAL SKETCHES

PARTICIPANTS

John Barkett, MBA, is a policy analyst in the Office of Health Reform at the U.S. Department of Health and Human Services. His portfolio includes all matters pertaining to delivery system reform, health information technology, and fraud, waste and abuse. Prior to joining the Department Mr. Barkett was a David A. Winston Health Policy Fellow. He spent his fellowship working for the Subcommittee on Health of the Ways and Means Committee in the House of Representatives, where he covered issues related to health information technology and fraud, waste, and abuse. Mr. Barkett previously worked for Athenahealth, Inc., a revenue-cycle management and electronic health record company in Watertown, Massachusetts. Before attending graduate school, he helped found Medica HealthCare Plans, Inc., a Medicare Advantage Plan in Coral Gables, Florida. Mr. Barkett has an AB degree in economics from Harvard College and an MBA degree in health care management from the Wharton School of the University of Pennsylvania.

Ann Carroll trained in science and public health and has over 25 years' experience working on environmental protection and health issues in the United States and internationally. This includes close to 19 years with the U.S. Environmental Protection Agency (EPA) and the former Office of Technology Assessment with the U.S. Congress. Ms. Carroll has focused on lead poisoning prevention, heavy metals, and waste cleanup as well as risk assessment and risk communication. She has worked in private consulting; with the National Governor's Association; and with the EPA in Washington, DC, and Boston, Massachusetts. Ms. Carroll managed the New South Wales Lead Reference Center based in Sydney, New South Wales, Australia from 1996 to 2000 and consulted on lead poisoning prevention and leaded gasoline phase-out projects in India and Indonesia before returning to the EPA Brownfields Office in February 2002. In September 2009, she began work on her doctorate in Environmental Health Sciences at the Johns Hopkins University, Bloomberg School of Public Health. Ms. Carroll was selected for a 2010-2011 Fellowship from the Center for a Livable Future at the Bloomberg School of Public Health for her efforts on urban agriculture and improving food access in underserved communities.

Ellen Connelly, JD, is an attorney in the Health Care Division of the Federal Trade Commission's (FTC's) Bureau of Competition. She leads investigations involving alleged antitrust violations in the health care field, including matters relating to pharmaceutical companies, health care providers, and other health care entities. She has also been involved in the Commission's advisory opinion process both as it relates to clinical integration by health care entities and under the Non-Profit Institutions Act. In addition to her work in the Health Care Division, she has been selected to serve as the FTC's representative in six Latin American countries, where she has designed and conducted training modules on competition topics, guest lectured at universities, and assisted legislators with drafts of competition laws. Prior to joining the Commission in 2001, she worked for the law firm Pillsbury Winthrop in New York City. She received her law degree from Harvard Law School, a master's degree in international development studies from The George Washington University, and an undergraduate degree, summa cum laude and Phi Beta Kappa, from Georgetown University.

Debra A. Draper, PhD, MSHA, is a director on the Health Care Team at the U.S. Government Accountability Office (GAO). Dr. Draper received her doctorate in health services organizations and research from the Medical College of Virginia, Virginia Commonwealth University, where she also earned a master's degree in health administration; she has an undergraduate degree in commerce from the University of Virginia. Before joining GAO, Dr. Draper was the associate director of the Center for Studying Health System Change, and previously was a senior researcher at Mathematica Policy Research. Dr. Draper also has held positions as a hospital administrator, hospital chief financial officer, health care consultant, and an auditor. She is a certified public accountant. Her current work focuses on a range of issues, including the nation's health care safety net as well as veterans and military health care. Dr. Draper has also conducted research in a number of health policy areas including, for example, Medicare, Medicaid, mental health care, and the organization, financing, and delivery of health care services in local markets. She has published widely on these topics in peer-reviewed journals, including *Health Affairs*, *Health Care Financing Review*, and the *Journal of Health Care Finance*.

Jennifer Druckman, JD, MHA, joined the Centers for Medicare & Medicaid Services (CMS) in the Office of Legislation in July 2010.

Ms. Druckman serves as the primary analyst for accountable care organizations, graduate medical education, health information technology, and skilled nursing facilities. She joined CMS after working as a health policy advisor with Ascension Health, focusing on health information technology. Prior to working with Ascension Health, Ms. Druckman practiced transactional and regulatory health law in St. Louis, Missouri. Before attending law school, she worked in hospital administration. Ms. Druckman holds juris doctorate and master of health administration degrees from Saint Louis University.

A. Seiji Hayashi, MD, MPH, is the chief medical officer for the Bureau of Primary Health Care at the Health Resources and Services Administration (HRSA). As chief medical officer, Dr. Hayashi oversees the Bureau's clinical quality strategy for the nation's community health centers, migrant health centers, health care for the homeless centers, and public housing primary care centers. Prior to joining HRSA, Dr. Hayashi served as assistant research professor of public health and assistant clinical professor of medicine at the George Washington University (GWU) Medical Center. Dr. Hayashi worked with community health centers and primary care associations conducting research focused on quality improvement with special emphasis on the use of health information technologies and geographic information systems. At the Robert Wood Johnson Foundation's national program office at GWU, he led the ambulatory care quality improvement efforts for the Foundation's program, *Aligning Forces for Quality*. As faculty for the School of Public Health and Health Services, he taught Community Oriented Primary Care (COPC) as a way to integrate primary care and public health and was director of their MPH program in COPC.

Prior to GWU, Dr. Hayashi was director of the Division of Community Medicine in the Department of Family Medicine at Georgetown University Medical Center. There he directed the Community Health Center Director Development Fellowship and taught COPC to medical students, residents, and fellows. Dr. Hayashi is a board-certified family physician and continues to care for patients at a federally qualified health center in the District of Columbia. Dr. Hayashi graduated with honors from Vassar College with a degree in studio art. He received his medical degree from the Albert Einstein College of Medicine in 1997 and was inducted into the Alpha Omega Alpha medical honor society. In 2000, he completed the Family and Community Medicine Residency Program at the University of Califor-

nia, San Francisco. He received his MPH degree from the Harvard School of Public Health in 2001 as a fellow for the Commonwealth Fund/Harvard University Fellowship in Minority Health Policy.

Jean Hearne, MPH, is the unit chief of the Low-Income Health Program and Prescription Drug Cost Estimates Unit at the Congressional Budget Office (CBO). As such, Ms. Hearne oversees the budget analysis related to Medicaid, the Children's Health Insurance Program (CHIP), prescription drug policies, and a number of new programs created by the recently enacted health reform legislation. She returned to CBO to work on that legislation after spending a decade at the Congressional Research Service, where she provided analysis and briefings to members of the U.S. House of Representatives and the Senate and their staff on substantive health issues related to Medicaid, CHIP, and private health insurance. Ms. Hearne formerly served as a project coordinator for the Institute for Health Policy Solutions, and spent the early part of her career as a budget analyst at CBO responsible for Medicaid projections. Ms. Hearne has been an expert speaker at a variety of health seminars across the country and has testified before the U.S. House Ways and Means Committee about issues concerning health insurance coverage for children. She received her master's degree from University of California, San Diego. She has a BA degree in psychology and community health from the University of Rochester, New York.

Elayne J. Heisler, PhD, is an analyst in health services at the Congressional Research Service (CRS), Domestic Social Policy Division. She provides research and analysis to Congress on a wide range of issues, including the health care workforce, rural health, emergency care, the federal health centers program, demographics, and the Indian Health Service. Prior to joining CRS in 2009, she was a senior analyst in health care at the Government Accountability Office, where she conducted research on physician specialty choice and Indian tribe members' participation in Medicare and Medicaid. She has also managed research grants and inter-agency projects on population, aging, and other topics at the National Institutes of Health's National Institute on Aging. She holds a PhD degree in sociology from Duke University and a bachelor's degree in human development with a concentration in gerontology from Cornell University.

Gregory Holzman, MD, MPH, began his new position as Associate Deputy Director for the Office of State, Tribal, Local and Territorial Support at the Centers for Disease Control and Prevention (CDC) on

May 23, 2011. He came to the CDC from Michigan where he held the position of chief medical executive for the Michigan Department of Community Health since September 2006. Dr. Holzman also holds appointments as an associate professor in the Department of Family Medicine at Michigan State University and an adjunct associate professor in health management and policy at the University of Michigan School of Public Health. A graduate of the University of Florida College of Medicine, he completed a family medicine residency in Charlotte, North Carolina, and a preventive medicine residency in Seattle, Washington.

Dr. Holzman is board-certified in both family medicine and preventive medicine. Prior to his current position he also worked in residency education and clinical medicine at the Central Maine Medical Center Family Practice Residency Program. He has also been involved with medical education, clinical care and research as an associate professor in the Departments of Community Medicine and Family Medicine at the University of North Dakota School of Medicine and Health Sciences. Before completing his second residency in preventive medicine, he worked on the Blackfeet Indian Reservation in Browning, Montana.

Dr. Holzman has worked with local, state, and federal public health agencies. He has advocated for various public health and health-related policy issues from smoke-free legislation to funding for a state-wide trauma system. He has special interests in social determinants of health, health promotion and disease prevention, elimination of health disparities, and building better integration between clinical medicine, public health, and community-based organizations.

Paul Kidwell currently works in the Office of Legislation at the Centers for Medicare & Medicaid Services (CMS) where he works on issues related to the Medicaid program. Specifically, Mr. Kidwell works on issues including financing, delivery system reform, provider payment, managed care, health information technology, and data systems. The Office of Legislation serves as a liaison and resource for the U.S. Congress to explain the policies, payment systems, and operations of the Medicare, Medicaid, and Children's Health Insurance Program (CHIP). The Office of Legislation responds to inquiries from Members of Congress and Congressional Committees. Prior to working at CMS, Mr. Kidwell served as legislative director to Rep. Christopher Murphy (D-CT).

Kathleen Klink, MD, is a family physician and the director of the Bureau of Health Professions Division of Medicine and Dentistry at the Health Resources and Services Administration (HRSA) in the U.S. Department of Health and Human Services. The Bureau of Health Professions provides national leadership in the development, distribution and retention of a diverse, culturally competent healthcare workforce that provides high-quality care for all Americans. Dr. Klink's efforts are focused on the Bureau's initiatives to develop primary care and oral health services and access to care. Prior to joining HRSA, Dr. Klink was the director of the Columbia University Center for Family and Community Medicine and chief of service for Family Medicine at New York Presbyterian Hospital, where she led the expansion of the Center to enhance the research and development missions. She co-chaired the patient-centered medical home committee of the Washington Heights Initiative, a Columbia University Medical Center effort to measurably improve the health of the northern Manhattan region of New York City, a largely immigrant, Spanish-speaking community. Her interests are in primary care workforce development, evidence-based health systems, interprofessional education and practice, quality improvement and access to care, particularly for vulnerable and disadvantaged people.

Dr. Klink completed service in the office of former Sen. Hillary Rodham Clinton as a Robert Wood Johnson Health Policy Fellow in December 2008, where she worked with senior health staff in evaluating and formulating legislation to reauthorize Title VII of the U.S. Public Health Service Act. This legislation's focus is strengthening the primary care workforce, access to primary care services, and improving minority representation in the health professions. She began her professional medical career at Coney Island Community Health Center, located in a Brooklyn neighborhood devastated by the crack epidemic. She became the medical director, and spearheaded community initiatives and quality improvement projects, before moving to SUNY (State University of New York) Downstate Medical Center. In 1996 she became a founding faculty member of the family medicine program at (then) Presbyterian Hospital, then the director from 2000 until 2010. She received her MD degree from the University of Miami in 1985 and completed her residency training at Jackson Memorial Hospital in family medicine in 1988.

Kimberly Light, MA, is a management and program analyst for the U.S. Department of Education (ED), Office of Safe and Drug-Free

Schools (OSDFS), and is currently serving as team leader in the Health, Mental Health, Environmental Health, and Physical Education Programs unit. She is the federal project officer for the Grants to Integrate Schools and Mental Health Systems program, which provides funds to states and school districts to increase student access to high-quality mental health care by improving collaborative efforts between schools, mental health service systems, and juvenile justice systems. Ms. Light began her work at ED on a task force that was responsible for implementing the original legislation authorizing education programs that focus on drug and violence prevention in schools and communities. Since that time, she has worked on a variety of grant programs and projects related to drug and alcohol prevention and school safety; most recently, she served on the OSDFS Assistant Deputy Secretary's school climate team which was tasked with developing the framework for a new grant initiative related to creating safe and supportive schools. Prior to her federal service, Ms. Light served as a counselor and training specialist for several community-based organizations that provided vocational rehabilitation services to disabled adults. She has a BS degree in rehabilitation education from Pennsylvania State University and an MA degree in human resource development from George Mason University.

Anne Montgomery, MS, is a senior policy advisor (D) for the U.S. Senate Special Committee on Aging, chaired by Sen. Herbert H. Kohl (D-WI). She is responsible for policy development relating to long-term care, elder abuse, and related issues for the Committee's Democratic staff. Earlier, Ms. Montgomery was a senior health policy associate with the Alliance for Health Reform in Washington, DC, where she played a key role in writing and editing policy publications and designing public briefings and conferences for congressional staff and other stakeholders. Ms. Montgomery served as a senior analyst in public health at the U.S. Government Accountability Office and as a legislative aide to Rep. Pete Stark (D-CA) of the Subcommittee on Health of the Committee on Ways and Means, U.S. House of Representatives. She was an Atlantic Fellow in Public Policy in London in 2001–2002, where she undertook comparative research on long-term care in the United States and the United Kingdom. She also worked as a journalist covering the National Institutes of Health and Congress during the 1990s. A member of the National Academy of Social Insurance, Ms. Montgomery has an MS degree in journalism from Columbia University and a BA degree in English literature from

the University of Virginia, and has done gerontology coursework at Johns Hopkins University.

Mark Newsom, MS, is a specialist in health care financing at the Congressional Research Service (CRS). Currently he serves as the subject matter expert for the private health insurance provisions of the Patient Protection and Affordable Care Act (PPACA), pharmacy benefit managers (PBMs), the Federal Employees Health Benefits (FEHB) Program, Medicare Part B physician-administered drugs, and the Medicare end-stage renal disease (ESRD) dialysis benefit. Mark previously served as the director of policy and compliance at Coventry Health Care. Prior to that, Mr. Newsom worked on payment policy and operations for the Medicare Advantage and Part D programs at the Centers for Medicare & Medicaid Services. He earned his master of science degree in health policy and administration at the University of Illinois and completed the Business of Medicine graduate certificate program offered jointly by the Johns Hopkins School of Medicine and the Carey Business School.

Lydia L. Ogden, PhD, MPP, is a senior policy advisor in the Office of Prevention Through Healthcare at the Centers for Disease Control and Prevention (CDC), which works to promote high-value public health priorities in public and private health insurance, enhance collaboration between public health and health care delivery systems to improve individual and population health, and advance data for assessment and action. From June to December 2010, she served as the senior health policy advisor to the President's National Commission on Fiscal Responsibility and Reform (also known as the Bowles-Simpson commission), concentrating on meaningful reforms to contain national health expenditures while preserving quality and increasing value for spending in Medicare, Medicaid, and the planned insurance exchanges. Over the course of two decades at CDC, she has served in programs ranging from environmental health to HIV/AIDS in both staff and leadership roles. She was associate director for policy and planning for CDC's Global AIDS Program, implementing President Bush's Emergency Plan for AIDS Relief (known as PEPFAR), and subsequently served as the agency's deputy chief of staff for policy. Most recently, she was on assignment from CDC to Emory University, where she served as chief of staff for the Center for Entitlement Reform, which conducts research and analysis on factors responsible for the rise in health spending, particularly in publicly sponsored health care; links new approaches

in financing, payment, and care delivery for achieving better value; and develops policy options for reform.

Dr. Ogden holds a bachelor's degree in English and education (K-12) from Middle Tennessee State University; a master's degree in literature from Vanderbilt University; a master's degree in public policy from the Kennedy School of Government, Harvard University, in both strategic management of governmental organizations and networks and press, politics, and public policy; and doctorate in health services research and health policy from Emory University. She holds an adjunct faculty appointment in the Department of Health Policy and Management at Emory's Rollins School of Public Health, teaching a semester-long overview of the U.S. health system (public and private sectors), financing and payment, health service delivery, health reform, policy development, data for decision-making, and policy advocacy. She conducts research on federalism and health; health financing and formulas for funding allocations; improving value for health spending, particularly for those with chronic health conditions; and long-term care. She has published in *Health Affairs*, the nation's leading health policy journal, and *Publius: The Journal of Federalism*, and authored chapters in *Emerging Illnesses and Society* and *World Health Systems: Challenges and Perspectives* (2nd edition, in press).

Carol Bryant Payne's expertise and professional interest include bringing together diverse groups in solution-oriented dialogue to promote community empowerment and engagement and build public trust. Currently serving as the director for the Baltimore Field Office with the U.S. Department of Housing and Urban Development, she focuses her efforts in the areas of affordable housing, community development and revitalization, fair housing, addressing the housing needs of special populations, and the integration of health and housing policy. Ms. Payne represents the region as a sustainability officer in the Office of Sustainable Housing and Communities, Office of the Deputy Secretary; she is responsible for providing education, building partnerships and articulating HUD's goals and agenda for sustainable and livable communities. Previous roles include leadership positions in nursing administration and research at The Johns Hopkins Medical Institutions, and considerable legislative leadership roles in the area of maternal and child health.

Ms. Payne has been acknowledged for her work as the recipient of numerous awards. She was a 2000 Salzburg Fellow, one of 60 international recipients selected to study the Social and Economic

Determinants of the World's Public Health in Salzburg, Austria. In 2005, the Maryland Daily Record recognized her as one of Maryland's Top 100 Women for her public policy and social justice activism in the areas of health, education, and housing. She is an inaugural member of the Baltimore City Place Matters Collaborative for Health Equity. In 2009 Ms. Payne was the recipient of the Excellence in Government Fellowship jointly sponsored by the federal government and the National Partnership for Public Service, and in 2010 she was recognized by the Partnership as a senior fellow. Ms. Payne is a graduate of the Harvard University's John F. Kennedy School of Government Executive Training Program in the area of Housing and Community Development and holds a master's degree in nursing from Johns Hopkins University.

Michelle Rosenberg, MPH, is an assistant director in the Health Care Team of the U.S. Government Accountability Office (GAO), where she is responsible for supervising the preparation of health policy analyses, testimony, and reports to the U.S. Congress. Since joining GAO in 1999, Ms. Rosenberg has worked on a variety of issues including Medicaid, the State Children's Health Insurance Program, the nation's health care safety net, long term care, and health insurance coverage. Ms. Rosenberg holds an MPH degree from the University of Michigan and a BA degree in health & society and psychology from the University of Rochester.

Jake Swanton is a legislative assistant for Sen. Mark Udall (D-CO), advising the Senator on a portfolio of issues including health care, Medicare/Medicaid, and Social Security as well as issues related to his seat on the Senate Committee on Aging. Previously, Mr. Swanton worked for Sen. Ben Nelson (D-NE) and spent two years at the Federal Trade Commission's Bureau of Competition. He received his bachelor's degree from the College of William & Mary and is currently pursuing a graduate degree at George Washington University.

Kimberly Tamber, JD, is an assistant counsel in the U.S. Senate Office of Legislative Counsel, where she drafts legislation relating to health care, which includes assisting in the preparation of the Patient Protection and Affordable Care Act. She has a BA degree from Xavier University and a JD degree from New England School of Law.

Lee Wilson, MA, has been the director of the Division of Public Health Services Policy (PHS), Office of the Assistant Secretary for Planning and Evaluation, at the Department of Health and Human Services

(HHS) since 2006. As PHS division director, he works with a staff of senior analysts overseeing agency- and issue-specific policy and program matters for the Agency for Health Research and Quality (AHRQ), the Health Resources and Services Administration (HRSA), the Indian Health Service (IHS), the Office of the Assistant Secretary of Health (OASH), and the Substance Abuse and Mental Health Services Administration (SAMHSA). The PHS division is presently leading the development of the “essential health benefits” package that the Patient Protection and Affordable Care Act mandates for the individual and small-group insurance markets, as well as defining women’s preventive services and screenings that must be covered at no cost-sharing to the individual. Other ongoing work includes policy and program matters related to HIV/AIDS, mental health, substance abuse, community health centers, health professions, the Commission Corps, organ donation and transplantation, health disparities, women’s health, and health promotion and disease prevention-related services.

Mr. Wilson began his federal career as a Presidential Management Intern with the National Institutes of Health. Since that time, he has worked in numerous operating and staff divisions within HHS on issues such as substance abuse, mental health, tobacco control, healthy weight, HIV/AIDS, and others. Mr. Wilson was selected as an Atlantic Fellow in Public Policy by the British Council. He worked out of the London Drug Policy Forum from 2002 to 2003 on a comparative analysis of U.S. and U.K. drug misuse strategies, effectiveness measures, and outcomes. Mr. Wilson holds a BA degree from Gordon College in political studies, and an MA degree in public policy from Duke University.

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BIOGRAPHICAL SKETCHES

SPEAKERS

Phyllis Albritton is the executive director of the Colorado Regional Health Information Organization (CORHIO), a nonprofit public-private partnership created to facilitate health information exchange to improve care for all Coloradans. CORHIO has been designated the state-level entity for health information exchange (HIE) in Colorado so that all Coloradans will benefit from federal funding for HIE. In addition, the Colorado Health Foundation has invested in CORHIO's efforts to provide these services statewide. CORHIO is also the lead for the Colorado Regional Extension Center (Co-REC), a collaboration among a number of organizations serving safety net and primary care providers and expected to assist the state Medicaid program in developing Colorado's EHR Adoption Incentive Program. Ms. Albritton has more than 20 years' experience in health, education, and telecommunications policy, and she currently serves on the Center for Improving Value in Healthcare (CIVHC) Board and the HITEC Advisory Board.

Ellen G. Alires-Trujillo, JD, is one of the founding attorneys working with Children's Hospital in the development of Colorado's first Medical Legal Partnership. She provides leadership to program development and legal counsel in her work with Children's. As an elder law attorney with Colorado Legal Services, she is responsible to provide representation to elderly and disabled people concerning legal matters involving Medicaid, Medicare, the different Social Security programs, and Old Age Pension. Ms. Alires-Trujillo received her BA degree from the University of Colorado at Boulder and her JD degree from the University of Denver, College of Law. Her work with Colorado Legal Services (CLS) for the past 23 years has included working as a law student, a paralegal, and as a staff attorney in both the Housing Unit and the Elder Law Unit.

Jandel T. Allen-Davis, MD, is the vice president of government and external relations for Kaiser Permanente Colorado. In this role she has responsibility for Kaiser Permanente's relationships in the community at large, the business community, and the legislative and executive branches of the state government. She also leads the organization's public relations and communications functions, government relations, and community benefit investment. Dr. Allen-Davis

is board-certified in obstetrics and gynecology and, after 25 years of taking care of patients, transitioned from a physician leader to Kaiser Permanente's Health Plan Leadership team. Her past roles at Kaiser Permanente included associate medical director of external relations for the Colorado Permanente Medical Group, regional director of patient safety, and physician chief of the Wheat Ridge Medical Offices. Dr. Allen-Davis was elected to the Colorado Permanente Medical Group Board of Directors in 1998 and chaired the Board in her final year.

A graduate of Dartmouth College and Dartmouth Medical School, Dr. Allen-Davis completed her residency at Thomas Jefferson University Hospital in Philadelphia. Before coming to work at Kaiser Permanente, she was an assistant professor of obstetrics and gynecology at the University of Colorado Health Sciences Center and spent four years in the Indian Health Service in Tuba City, Arizona, during which time she also served as member and chair of the American College of Obstetrician Gynecologists' Committee on Alaska Native and Indian Affairs.

Dr. Allen-Davis is an active participant on community boards. She is currently serving her second term as a member of the Colorado State Board of Medical Examiners and assumed the role of president of the board in May 2009. Dr. Allen-Davis is a member of the CU Foundation Board of Directors, vice chair of the Center for Improving Value in Health Care (CIVHC) Board of Directors, the Center for Women's Health Research Board of Directors, Colorado Association of Health Plans Board of Directors, Colorado Succeeds Board of Directors, and is president-elect of the Denver Metro Chamber Leadership Foundation Board of Directors. She was a member of the Provider Advisory Task Force of the 2008 Blue Ribbon Commission on Health Care Reform and served as co-chair of the Colorado Medical Society Physician's Congress on Health Care Reform.

Dr. Allen-Davis is the proud recipient of the 2006 Shades of Genius Award for Community Service and Mentoring Minority Students, from Metropolitan State College of Denver, the 2000 R.J. Erickson Diversity Champion Award by Kaiser Permanente and the Colorado Business Committee for the Arts. She was named 2000 Kaiser Permanente Physician Volunteer of the Year and a "Top Doc" by *5280 Magazine* for several years.

Elisabeth Arenales, JD, has been the director of the Colorado Center on Law and Policy's (CCLP's) Health Care Program since January 2000. CCLP engages in legislative, administrative, and legal advocacy on behalf of lower income Coloradans concentrating in the areas of health care, welfare reform, and fiscal policy. Ms. Arenales graduated summa cum laude from the University of Pennsylvania and Order of the Coif from the University of Colorado School of Law. Prior to joining the staff of the Colorado Center on Law and Policy, she was the staff attorney for the Colorado Lawyers Committee, where she worked to support parents in rural Colorado as they made improvements in local school systems and in Colorado school law. After leaving the Colorado Lawyers Committee, Ms. Arenales spent a year coordinating a multi-plaintiff case through trial in a complex piece of litigation involving the rights of property owners in and around San Luis, Colorado to access a portion of the Sangre de Cristo land grant known as La Sierra or the Taylor Ranch.

Ms. Arenales is Board Chair and was one of the founders of the Colorado Consumer Health Initiative. She serves on the Advisory Committee for Colorado Covering Kids and Families, the Advisory Board of the Medicaid Ombudsman for Managed Care, and the Advisory Board of Family Voices Colorado. She has served as a member and as chair of the University of Colorado School of Law's Law Alumni Board. She has also been recognized by various organizations including the University of Colorado (Law School Alumni Award for Distinguished Achievement), the Colorado Bar Association (Donald Hoagland Award), and Trial Lawyers for Public Justice (Trial Lawyer of the Year). In 2006, she was recognized as a Community Health Leader by the Robert Wood Johnson Foundation.

Jonathan D. Asher, JD, is the executive director of Colorado Legal Services. He was the executive director of the Legal Aid Society of Metropolitan Denver from December 1, 1980, until October 1, 1999, when the Legal Aid Society merged with the other two federally funded programs in Colorado, Colorado Rural Legal Services and Pikes Peak/Arkansas River Legal Aid, and became a single statewide program, Colorado Legal Services. He began his legal services career as a staff attorney with Colorado Rural Legal Services in Greeley, Colorado, in August, 1971. Mr. Asher attended Harvard College (AB, 1968) and Harvard Law School (JD, 1971). He currently serves on the Colorado Access to Justice Commission, is a member of the Colorado Bar Association's Board of Governors, chairs the Colorado Bar Asso-

ciation's Availability of Legal Services Committee, and is a member of its Family Violence Program Steering Committee.

Gwyn E. Barley, PhD, is director and associate professor of the Center for Advancing Professional Excellence for the University of Colorado School of Medicine.

Reggie Bicha, MSW, was appointed the executive director of the Colorado Department of Human Services in January 2011. Mr. Bicha served most recently as secretary of the Department of Children and Families for the state of Wisconsin. As the inaugural secretary of the department, Mr. Bicha led bold initiatives that restructured, retooled, and reprioritized the way that children's services are done in Wisconsin. He has dedicated his career to protecting and improving the well-being of children and has extensive experience working on child welfare, education, and health issues at the county, state, and national levels.

Before his appointment as secretary of the Department of Children and Families in Wisconsin, Mr. Bicha served as the administrator of the Division of Children and Family Services at the Department of Health and Family Services (DHFS) in Wisconsin and also served as DHFS deputy secretary. His state service was built on his experience at the county level as the Pierce County director of Human Services. Mr. Bicha also served as chair of the West Central Wisconsin Care Management Collaborative, a group of nine counties and three private organizations working to develop a public/private managed care system to expand Family Care to serve seniors and people with disabilities. He is also a past Vice-President of the Wisconsin County Human Services Association, representing 72 county human service agencies. Mr. Bicha earned a bachelor's degree in social work from the University of Wisconsin, Eau Claire, and a master's degree in the same subject from the University of Minnesota. In 2009, he received the Department of Health and Human Services Commissioner's Award for the Prevention of Child Abuse and Neglect.

Susan E. Birch, MBA, BSN, RN, was appointed the executive director of the Department of Health Care Policy and Financing by Governor Hickenlooper in January 2011. As a member of the governor's cabinet, Ms. Birch directs the Department's efforts to improve the health of Medicaid and CHP+ clients, increase access to care and contain costs. Ms. Birch was previously the chief executive officer of Northwest

Colorado Visiting Nurse Association in Steamboat Springs, Colorado. She was instrumental in expanding programs, developing strategic partnerships, and strengthening operations. The agency moved into a nurse-led model of integrated community health services including primary care, home and hospice care, public health, and aging services.

Prior to moving to Northwest Colorado, Ms. Birch served at Georgetown University Hospital and in a variety of progressive nursing roles with Kaiser Permanente in Colorado. She is a trustee of the Caring for Colorado Foundation and a past-president of the Home Care Association of Colorado. She recently completed an appointment to the National Advisory Committee on Rural Health and Human Services, Bonfils-Stanton Foundation Livingston Fellowship, and the Robert Wood Johnson Executive Nurse Fellowship.

Jane Brock, MD, MSPH, is the chief medical officer for the Colorado Foundation for Medical Care (CFMC), the Medicare Quality Improvement Organization (QIO) for Colorado. She spent 25 years in clinical practice in urgent care and occupational medicine. Dr. Brock received her MD degree from The University of Kansas and her MSPH degree and preventive medicine training from The University of Colorado. She is the chief medical officer for the Care Transitions QIO Support Contractor. The Care Transitions theme is a three-year project funded by the Centers for Medicare & Medicaid Services (CMS) which aims to improve the quality of care transitions and to reduce 30-day readmissions among Medicare beneficiaries residing in 14 communities.

Emily Burke, DNP, MS, FNP, is a lead family nurse practitioner employed at Sheridan Health Services (SHS). Sheridan Health Services is a nurse managed primary care clinic that has been in operation since 1995, and it opened a new clinic on March 1, 2011 to expand adult services. Prior to this experience, Ms. Burke completed a post-masters fellowship in clinical care for HIV patients. She has worked as an RN for a local torture treatment center serving survivors of torture from over 35 countries. Ms. Burke specialized in the care of women with female genital mutilation and has published an article on this topic. Her passion involves working with people who experience difficulty accessing health care in both the United States and abroad. She has worked in rural Uganda, Tanzania, and Costa Rica. Her educational preparation includes a BS degree in business administration from the University of North Carolina at Chapel Hill,

and BS, masters, and doctorate degrees in nursing from the University of Colorado. Her nursing doctoral project involved implementation of cardiovascular analysis among HIV patients.

Kraig Burleson, chief executive officer, has been with Inner City Health Center (IHC) since 1994. He is a Denver native and attended Manual High School, and went on to graduate from Colorado College. Rev. Burleson originally started at the Center as the business manager and later became the chief financial officer. After the clinic's long-time chief executive officer and co-founder, Janet Williams, retired in 2001, Rev. Burleson took on that role. Prior to his work here at the health center, Rev. Burleson worked in the banking industry for several years. In addition to his position at IHC, Rev. Burleson has been the pastor of the Loving Saints Christian Fellowship for a decade. He serves on numerous boards and committees devoted to increasing access to quality health care for people who are uninsured, underserved, or under-insured. These organizations include Colorado Children's Immunization Coalition, ClinicNet, Christian Community Health Fellowship, Colorado Children's Campaign, Greater Denver Ministerial Alliance, and Tony Grampas Youth Services.

William Burman, MD, is an infectious diseases specialist who has worked at Denver Public Health since 1995. He directed the Infectious Diseases Clinic, a clinic providing comprehensive care to 1,200 patients with HIV infection and other chronic infections, from 1995 to 2011. Earlier this year, Dr. Burman became the interim director of Denver Public Health.

Ned Calonge, MD, MPH, serves as president and chief executive officer of The Colorado Trust. Established in 1985 with the proceeds of the sale of the PSL Health Care Corporation, The Colorado Trust has worked closely with nonprofit organizations in every county across the state to improve health and well-being. In 2008, the Trust committed to a ten-year goal to achieve access to health for all Coloradans by 2018. Prior to joining The Colorado Trust in 2010, Dr. Calonge served as the chief medical officer of the Colorado Department of Public Health and Environment. He also served as the chief of the Department of Preventive Medicine for the Colorado Permanente Medical Group and was a family physician for ten years. His current academic appointments include serving as associate professor of family medicine, Department of Family Medicine, University of Colorado Denver School of Medicine (UCD) and

associate professor of preventive medicine and biometrics, UCD Colorado School of Public Health.

Dr. Calonge is a member and past president of the Colorado Medical Board, which licenses and regulates physicians. He teaches epidemiology, biostatistics, and research methods at the University of Colorado Schools of Medicine and Public Health. He is a member of the Delta Dental Foundation Board and chairs the Board of Directors for LiveWell Colorado. Nationally, Dr. Calonge is chair of the United States Preventive Services Task Force and a member of the Centers for Disease Control and Prevention's (CDC) Task Force on Community Preventive Services. He is chair of the CDC's Evaluating Genomic Applications for Practice and Prevention (EGAPP) Workgroup, and is a member of the Advisory Committee on Heritable Disorders in Newborns and Children in the Maternal and Child Health Bureau in the Health Resources and Services Administration. Dr. Calonge earned a BA degree in chemistry from The Colorado College, an MPH degree from the University of Washington, and an MD degree from the University of Colorado. He has chaired and served on numerous boards and commissions, authored more than 80 articles, and he is board-certified in both family medicine and preventive medicine.

Deborah K. Costin, MA, executive director, Colorado Association for School-Based Health Care (CASBHC), has spent the past 25 years working on health care access and financing issues. Beginning in 1978, she spent eight years with Blue Cross and Blue Shield of Colorado, developing new insurance products and provider reimbursement policies. For the next six years, Ms. Costin was director of finance for the University of Colorado Hospital and then became the first executive director of Colorado Community Managed Care Network, an association of community health centers which joined three hospitals to form Colorado Access – an HMO for Medicaid beneficiaries. In March 1995, Ms. Costin established her own consulting practice, managing projects related to strategic planning, program development, practice management, quality improvement, and advocacy. Her special interests include improving access for underserved populations and strengthening the financial sustainability of community-based providers. She was instrumental in establishing the Colorado Association for School-Based Health Care in 1996, and led that group until late 2001. She also assisted the National Assembly on School-Based Health Care in developing its principles, goals

and performance evaluation standards, and completed the first-ever national school-based health center finance study. In March 2007, Ms. Costin returned to the Colorado Association for School-Based Health Care to become its executive director. Ms. Costin holds a bachelor of arts degree from Oberlin College and a master of arts degree from the University of Denver.

Matt Cunningham, MURP, is a built environment specialist for the Tri-County Health Department, serving Adams, Arapahoe, and Douglas Counties in Colorado. His current project is a health impact assessment focusing on active transportation around a proposed major redevelopment in the City of Glendale. He has previously worked for the Colorado Center for Community Development, the Downtown Denver Partnership, and the University of Nebraska Foundation. He has a BA degree in political science and environmental studies from the University of Nebraska and a master's degree in urban & regional planning from the University of Colorado.

Mark Earnest, MD, PhD, is an associate professor in the Division of General Medicine for the University of Colorado and the co-founder and co-director of the LEADS Program on leadership, education, advocacy, development and scholarship which addresses the needs of the underserved and disadvantaged. Dr. Earnest is also director of REACH an inter-professional education program for the Anschutz Medical Campus. His advocacy work has focused on expanding access to care for Colorado's families, reducing conflicts of interest amongst providers, media advocacy, and promoting prevention through policy. Dr. Earnest is a graduate of Vanderbilt Medical School, and he received a PhD degree in health and behavioral Sciences (an interdisciplinary degree combining public health and medical anthropology and sociology) from the University of Colorado Denver. Dr. Earnest has been included in *5280 Magazine's* Top Docs in Denver from 2005 to 2010.

Steve ErkenBrack, JD, currently serves as president and chief executive officer of Rocky Mountain Health Plans. Prior to assuming this position, he served as vice president of legal and government affairs for the organization since 2002. For more than three decades, Mr. ErkenBrack worked as an attorney with an emphasis on health care, civil litigation, and government affairs. Mr. ErkenBrack maintained a private practice with offices in Grand Junction and Denver, and served six years as Mesa County's elected district attorney and four years as Colorado's chief deputy attorney general. His significant

legal and health care acumen has been recognized on a regional, statewide, and national basis. The Colorado legislature appointed Mr. ErkenBrack as the only health plan representative to serve on Colorado's Blue Ribbon Commission for Health Care Reform. Mr. ErkenBrack currently is chair of Club 20's Health Care Committee, and in the past has served as chairman of the Board of Law Examiners for the Colorado Supreme Court, president of the Colorado District Attorneys Council, and as a member of the Board of Governors of the Colorado Bar Association. He is admitted to practice before the United States Supreme Court. Mr. ErkenBrack received his undergraduate education at the United States Naval Academy and Washington & Lee University, and his law degree from the University of Colorado.

Traci Ferguson, parks planner, has a degree in parks and protected areas management from Colorado State University and a degree in finance from the University of Missouri-Columbia. She has been the parks planner for Commerce City since early 2005. In addition to planning parks, trails, and open space for the city, she also writes grants to obtain funding for planning as well as construction projects. Prior to working in parks and recreation, she worked in the field of finance, which still comes in very handy in her current position.

David Fox, MD, is assistant professor of pediatrics at the University of Colorado and attending physician at the Children's Hospital of Colorado. He received his medical degree from the University of Medicine and Dentistry of New Jersey in 1996 and completed his residency and chief residency at the Children's Hospital of New York. For the next five years he served as the director of pediatric inpatient medicine at St. Barnabas hospital in the Bronx, New York. While there, he helped to start a new pediatric residency at St. Barnabas, and served as an associate residency director for three years. After moving to Colorado in 2006 and working as a hospitalist and ambulatory pediatrician, he completed a primary care research fellowship. His research interests include shared decision making for children with complex medical needs.

Patricia A. Gabow, MD, is chief executive officer of Denver Health, one of the nation's most efficient, highly regarded integrated health care systems. Dr. Gabow joined the medical staff at Denver Health in 1973 as Renal Division chief, and is known for scientific work in polycystic kidney disease, and now health services research. Author of more than 150 publications, Dr. Gabow is a professor of medicine,

University of Colorado School of Medicine. She received her MD degree from the University of Pennsylvania School of Medicine, trained in internal medicine at University of Pennsylvania Hospital and Harbor General Hospital in Torrance, California, and in nephrology at San Francisco General Hospital and University of Pennsylvania School of Medicine. She has received numerous awards including the AMA Nathan Davis Award for Outstanding Public Servant, election to the Colorado Women's Hall of Fame, the National Healthcare Leadership Award. She received a Lifetime Achievement Award from the Denver Business Journal and from the Bonfils-Stanton Foundation; the Innovators in Health Award, New England Healthcare Institute; and the David E. Rogers Award from the Association of American Medical Colleges. Dr. Gabow was awarded honorary degrees by the University of Denver and the University of Colorado and is a Master of the American College of Physicians.

She is active in numerous health care organizations including the National Association of Public Hospitals and the Commonwealth Commission for a High Performing Health System, and she is a commissioner to the Medicaid and CHIP Payment and Access Commission (MACPAC).

Gretchen Hammer, MPH, is executive director of the Colorado Coalition for the Medically Underserved. Throughout her career Ms. Hammer has been a leader in finding solutions to the health care challenges facing the medically underserved and the health care professionals dedicated to serving the underserved. She holds a bachelor of arts degree from Colorado College and a master of public health degree from the University of Washington School of Public Health and Community Medicine.

Joan Henneberry, MS, joined the Colorado Health Institute (CHI) in January 2011 as the director of the Colorado Health Insurance Exchange. As part of the state's implementation of health reform under the Patient Protection and Affordable Care Act, Colorado will design and build an organization that will become the new marketplace where individuals and small businesses purchase health insurance. Exchanges are expected to provide a state-of-the-art consumer experience to easily compare health plan options; facilitate access to premium subsidies provided by the federal government; and provide real-time eligibility, verification, and enrollment into private and public health insurance. Prior to being appointed by Governor John Hickenlooper to this role, Ms. Henneberry served under Governor

Bill Ritter, Jr., as the executive director of the Department of Health Care Policy and Financing, the state agency responsible for public health insurance programs including Medicaid and CHP+. She was the senior health policy advisor to the governor, developing and implementing policies and programs that expanded the availability of public health insurance programs for the state of Colorado.

Ms. Henneberry moved to Colorado in 1980 and became focused on maternal and child health at the Colorado Department of Public Health and Environment (CDHPE). After 13 years at CDPHE, she spent seven years at the National Governors Association in Washington, DC, providing consultation and technical assistance to governors and their policy staff on health reform and emerging policy issues. Ms. Henneberry worked with states on implementation of the State Children's Health Insurance Program, Medicaid financing and cost-containment efforts, and coordinating state pharmaceutical programs with Medicare Part D. She returned to Colorado in 2004 to work in the private sector before being appointed to Governor Ritter's cabinet in 2007. Ms. Henneberry serves on several state and national boards, including the Colorado Regional Health Information Organization and the Executive Committee for the National Academy for State Health Policy. She has a master's degree in management and completed the Senior Executives in State and Local Government program at the Harvard University, Kennedy School of Government in 2008.

Patricia Iwasaki, MSW, is an adjunct professor at the University of Denver Graduate School of Social Work. This is her eighth year teaching at the University of Denver. Her area of focus is health and community health, with a particular history of work with community-based participatory research. She is currently a member of the Minority Health Advisory Commission, a body that advises the executive director of the Colorado Department of Public Health and Environment. She was the co-principal investigator with a Colorado Clinical Translational Science Institute pilot grant and served on an inter-agency Health Equity Leadership Council. Ms. Iwasaki obtained a master's degree in social work from The University of Denver and an undergraduate degree at the University of California, Los Angeles. She has completed all coursework with the Health and Behavioral Sciences doctoral program. She worked over seven years as a medical social worker and in community health research over six years. While living in England, she worked briefly with the Stress and Health study of the Whitehall II study, a longitudinal

study under the leadership of Sir Michael Marmot. She has worked with communities of color for over 20 years in the United States and worked in England almost three years with international families. She lives and works in northeast Denver and northwest Aurora, chairing a data review and dissemination body that is part of a collaborative, community-based participatory research (CBPR) project that has existed for over four years. Taking Neighborhood Health to Heart is her third CBPR effort; others were in Asian communities and with Latinos along the U.S.-Mexico border.

Philip B. Kalin, MHA, is the president/chief executive officer of the Center for Improving Value in Health Care (CIVHC). CIVHC is a nonprofit organization created to advance state-wide initiatives to improve Colorado's health care quality and contain costs. Its board and partners represent leaders from a broad public-private coalition of consumers, business leaders, providers, payers, policy leaders, and government agencies. Mr. Kalin has over 25 years of senior leadership experience in nonprofit and for-profit health care, senior living, and education organizations. His health care background includes senior executive roles at Henry Ford Healthcare System in Detroit, Mt. Sinai Medical Center in Cleveland, and as president/ chief executive officer of Rose Medical Center in Denver. Mr. Kalin later co-founded and was chief executive officer of CustomMed Solutions, a health care software and technology company. Following its sale in 2001, he became engaged in K-12 education. He merged and expanded two private schools, which received national recognition for their educational innovations. He was also active in the real estate development of several senior living communities throughout Colorado. Mr. Kalin earned a bachelor of science degree from the University of Iowa and a master's degree in healthcare administration from the University of Michigan.

Annette Kish, Alsup Elementary kitchen manager, is an enthusiastic champion for healthy school food in Adams 14 School District. Ms. Kish is no stranger to Adams 14 or the Commerce City community. Not only did all of her children attend school in the District, she did as well. Her rich history with Adams 14 spans 27 years. Last year, Ms. Kish visited Garfield Re-2 School District in Rifle, Colorado, to learn best practices in school cooking and nutrition. The experience rejuvenated her passion for creating nutritious and delicious meals for children across the District. She also walked away with strategies for implementing scratch cooking in Adams 14. With the District

since 2005, Ms. Kish has embraced the changes happening to school food. She especially loves the U.S. Department of Agriculture's Fresh Fruit and Vegetable Program, which offers students an opportunity to try and enjoy fresh fruits and vegetables two times each week. She also recently completed the Culinary Boot Camp, and is excited to employ her new found culinary skills in the Alsup kitchen. Ms. Kish feels empowered to be in a position where she can positively impact children's health, and is even leveraging the changes in the District to enhance her family's health and wellness.

Kyle Legleiter, MPH, is the physical activity coordinator in the Colorado Department of Public Health and Environment's Policy Development Unit. Mr. Legleiter is also the president of the Colorado Public Health Association, Colorado's largest association of public and environmental health professionals. He has served on the Board of Directors for the Lamar Chamber of Commerce, the Planning and Zoning Commission for the city of Lamar, the Founding Steering Committee for the Colorado Public Health Practice Based Research Network, and the Colorado Department of Transportation's Safe Routes to School Steering Committee. Mr. Legleiter holds a master of public health degree in health services management and policy from the University of California, Los Angeles School of Public Health and is a recipient of the Colorado Public Health Association's Emerging Leader in Public Health award.

Pete Leibig joined the Clinica Family Health Services staff as the executive director in 1987, and is now Clinica's president and chief executive officer. He has helped Clinica grow from a single facility with two medical providers to an organization with five locations, 60 full- and part-time medical and dental providers, and the capacity to provide medical, dental and behavioral health care to more than 33,000 patients annually. Mr. Leibig has spent more than 30 years in health care planning and administration, working as a rural health systems planner in Illinois and Colorado, as the administrator of a low-birthweight prevention project with the Colorado Department of Public Health, and as a member of many boards and councils that strive to improve health care delivery including chairing the Colorado Community Health Network. In 2003, Mr. Legleiter received the Community Healthcare Improvement Award from the University of California, Los Angeles Anderson School of Management and, in 2005, he was named the Daily Camera Pacesetter for innovations in medicine and science.

Michele Lueck became president and chief executive officer of the Colorado Health Institute in November 2010, bringing to this position nearly 20 years of health care experience. Over the course of her career, she has provided strategic consulting services to a wide range of organizations. Her experience in strategic consulting and marketing provides a solid foundation for positioning organizations for growth and development. Previously, Ms. Lueck held leadership roles in two health-related nonprofits located on Colorado's Western Slope. Before entering the nonprofit world, she served as vice president for business development and marketing with Sg2, a think tank for health care delivery systems. She also worked at several companies (now Thomson Reuters) in strategic marketing and account management. Ms. Lueck has provided strategic advisory services to a range of nonprofit organizations, including the Children's Health Foundation, the Aspen Medical Foundation and the Redford Center (previously the Sundance Preserve). She has an undergraduate degree from Harvard and a master's degree from the University of Melbourne, Australia. She serves on the board of the Aspen Education Foundation as vice president of marketing.

Thomas D. MacKenzie, MD, MSPH, is a practicing internal medicine physician and is currently the chief quality officer for Denver Health. In this role, he provides oversight to quality improvement efforts across the integrated delivery system. Prior to his current role, he was the director of internal medicine at Denver Health during which he managed the operations at five ambulatory clinics with approximately 100,000 visits per year. He is also an associate professor of medicine at the University of Colorado, School of Medicine. He completed his bachelor's degree in chemistry at Colorado College and his medical degree from Washington University School of Medicine. He completed his internal medicine and preventive medicine residencies and his master of science degree in public health at University of Colorado School of Medicine. His research interests include a) development of patient care registries, b) interactive computer education, c) evidence-based guideline development and implementation, d) appropriate antibiotic use, and d) risk communication and medical decision making. He currently sits on the National Heart, Lung, and Blood Institute (NHLBI) guideline panel for hypertension (JNC 8) as well as the NHLBI guideline implementation work group.

Debbi Main, PhD, is the principal investigator on a five-neighborhood community-based participatory research (CBPR) initiative in the

Denver metropolitan area, called Taking Neighborhood Health to Heart (TNH₂H) and is actively involved as a member of TNH₂H's Steering Committee and Data Review and Dissemination Committee. Through funding from National Institutes of Health, Robert Wood Johnson Foundation, Colorado Health Foundation and others, Dr. Main and her community and academic collaborators have collected and analyzed comprehensive data on the health of people and neighborhoods, contributing new theoretical and methodological knowledge on the influence of built and social environments on health and health disparities and disseminating in-depth health information throughout communities. Dr. Main is a department chair and professor in the Department of Health and Behavioral Sciences, University of Colorado, also holding an appointment at the Anschutz Medical Campus, University of Colorado.

Donna Marshall, MBA, BSN, is the executive director of the Colorado Business Group on Health (CBGH), and has served in that capacity since 1996. The coalition has public and private sector members with over 300,000 covered lives in Colorado. She holds an MBA degree from the University of Colorado at Denver, a BS degree in nursing from the University of Colorado Health Sciences Center, and a BA degree in psychology from the University of Colorado, Boulder. Prior to joining CBGH, Ms. Marshall was manager, Managed Care Services for the State of Colorado Department of Health Care Policy and Financing, Medicaid Division, where she directed all activities associated with the Primary Care Physician Program, the Drug Utilization Review Program, and health plan contracts including procurement, negotiation, rate setting, enrollment and systems implementation issues, oversight and conformance with state and federal statutes and regulations.

Nina McNeill, CPNP, arrived in Colorado in 1979 through a career in the Army and a placement at Fitzsimons Army Medical Center. While at Fitzsimons, she enrolled in the nurse practitioner program and began her work with newborns. After retiring from the Army in 1992, she started the school-based health center at Adams City Middle School in Commerce City. Ms. McNeill enjoys being able to combine acute illness treatment with preventive care and education. She enjoys working in a middle school because she believes middle school is a "unique time when a young person truly begins to make life choices." Ms. McNeill notes that by the time a student reaches high school, those key decisions often become more difficult

to make. Her extensive background in school-based health care and health education led to her current membership on the Board of Directors of the Colorado Association for School-Based Health Care, a statewide organization that provides policy leadership, training and technical assistance, and quality assurance programs for Colorado school-based health centers.

Lorez Meinhold, serves as the deputy policy director in the Office of Policy and Initiatives for Colorado Governor Hickenlooper. In this capacity she helps establish and advance the governor's health agenda, analyzes and advises on health-related legislation, and coordinates the administration's policy efforts around health reform and other initiatives. Ms. Meinhold was appointed in April 2010 to serve as the director of health reform implementation for the state. As states assume the critical role of implementing multiple aspects of reform, the director and the board will recommend specific strategies for putting national reform into practice in Colorado. Prior to joining the Hickenlooper administration, Ms. Meinhold worked on state and federal policy for Governor Ritter as well as for the Colorado Health Foundation.

Paul Melinkovich, MD, is the director of Community Health Services at Denver Health, a nationally recognized health delivery system. He oversees the primary care delivery system that includes a network of 8 community health centers, 13 school-based health centers and 2 urgent care centers that provide care to more than 115,000 annual users. Prior to this position Dr. Melinkovich developed the Denver School-based Health Center Program, an award winning school-based health center network in the Denver Public Schools. A board-certified Pediatrician, he has served as the president of the Colorado Chapter of the American Academy of Pediatrics (AAP) and the chair of the Committee on Community Health of the national AAP. He is currently the president of Board of Directors of the National Assembly on School-Based Health Care. He currently serves on the Colorado Board of Medical Services as well as the Steering Committee of the Colorado Commission for Improving Value in Health Care.

Dr. Melinkovich received his undergraduate degree from the University of Wyoming and his medical degree from the University of Washington. He completed his residency in pediatrics and a community pediatric fellowship at the University of Colorado and has been practicing community oriented primary care for 33 years. He was a founding member of the Colorado Children's Campaign, the

child advocacy organization for Colorado and served as their second board president. He is a professor of pediatrics and preventive medicine at the University of Colorado. His areas of interest and publications are in school and community health, equity in child health, immunization delivery, and quality and process improvement in ambulatory care settings.

Janet Meredith, MBA, has spent over 25 years specializing in management, strategy, marketing and development, research, and audience development in the nonprofit and business sectors. Following ten years at the Denver Art Museum as senior director of marketing and audience development, Ms. Meredith spent three years as a consultant to corporate, nonprofit and civic organizations in Canada and the United States, including six months interim executive director for a small Colorado non-profit. She now serves as the executive director for 2040 Partners for Health, a neighborhood health organization working to improve community health in northeast Denver through community based action research.

Jessica Osborne, MURP, MUD, received a BA degree from Colorado College, a master's Degree in urban & regional planning, and a master's degree in urban design from the University of Colorado. Ms. Osborne worked as a long range city planner for the City of Commerce City, Colorado, for six years, focusing on a multitude of land use, transportation, and community development projects including an award-winning redevelopment project for the historic core district called Derby, resulting in targeted recommendations for infrastructure and development changes through a HIA (health impact assessment), new sub-area plan, planned unit development zoning, design standards, and a city-matched façade grant program in 2007 and commuter rail station area planning. Ms. Osborne was a planner for the firm Glatting Jackson Kercher Anglin, Inc., involved with corridor redevelopment and transit station area planning. She is the active community environments coordinator at the Colorado Department of Public Health and Environment, providing technical assistance and content expertise for solutions to obesity and chronic disease through changes to built environments.

Norma Portnoy, MSW, executive director, joined Community Health Services as in September 2008. She has 13 years in executive leadership positions and more than 20 years of total business experience including fundraising, marketing, growth management, and strategic initiatives. Her entire career has been devoted to nonprofit

organizations that provide services to the pediatric population. Prior to her employment at CHS, Ms. Portnoy was employed by Blue Sky Bridge Child Advocacy Center; the Kempe Center for the Prevention and Treatment of Child Abuse and Neglect, an affiliate of The Children's Hospital; the Academy of Pediatrics; and the March of Dimes. She began her career as a school social worker for the Chicago Board of Education, where she provided school-based services to low-income children for five years at ten inner city Chicago elementary, middle, and high schools.

Michael J. Pramenko, MD, is a 1995 graduate of Dartmouth Medical School. He currently works full time as a family physician at Primary Care Partners in Grand Junction, Colorado. His current practice includes patients of all ages and included obstetrics for the first ten years of his practice until late 2007. Dr. Pramenko's foray into health policy began during his years in medical school. His interest in tobacco education and tobacco-related health policy led to a health policy fellowship in Washington, DC, in 1992. Dr. Pramenko continues to pursue his health policy interests at the local and state level. He has served two terms as president of the Mesa County Medical Society and has helped write a health reform proposal for Club 20, an organization representing the 20 counties of Western Colorado. Over the past four years, in an effort to educate the public, he continues to write columns for Grand Junction newspapers on topics related to health reform. In 2007, because of his ongoing efforts on health policy issues, he was named Family Physician of the Year for Colorado by the Colorado Academy of Family Physicians. As an outspoken proponent of Grand Junction's unique health care system, he has appeared on the Public Broadcasting System's *Newshour*, National Public Radio's *Science Friday*, and was interviewed by Tom Brokaw for *NBC News*. Currently, Dr. Pramenko serves as president of the Colorado Medical Society. In addition, Dr. Pramenko was appointed in 2010 to a federal advisory board that has now submitted recommendations to guide the formation of co-op insurance programs under Section 1322 of the Patient Protection and Affordable Care Act.

Annette Quintana, is the chief executive officer of Istonish Holding Company, a privately held, professional services company that provides cost-effective information technology (IT) solutions and services. Specifically, Istonish provides managed infrastructure support services, consulting, technical staffing, and hosted integrated voice response (IVR) services. All services and solutions are provided in

a manner that considers the environment and incorporates “green concepts” in everything. As the founder and primary owner of Istonish, Ms. Quintana is involved in directing the day-to-day operations in support of customers. Istonish supports clients in the health care, state and federal government, and the private sector. Istonish has employees delivering business and IT consulting services in six states. Branch offices for sales and delivery of IT Services are located in Denver, Colorado; Dallas, Texas; and Minneapolis, Minnesota. Ms. Quintana attended Colorado State University and graduated with a bachelor’s degree in chemical engineering. She currently serves as a board member for the Center for Improving Value in Health Care (CIVHC) and as co-chair of the All Payer Claims Database (APCD) Committee.

Sara Schmitt came to Colorado Rural Health Center as a recruitment coordinator and now serves as the policy analyst. Prior to relocating to Colorado with her family and joining CRHC, she worked in managed care and program planning at the University of Chicago Medical Center. Ms. Schmitt also has experience in health policy advocacy and providing supportive services for people living with HIV/AIDS through the AIDS Foundation of Chicago. She earned a bachelor’s degree from DePaul University and a master’s degree from the University of Chicago.

Lisa Schott, MURP, joined the Partnerships for Healthy Communities (P4HC) team in 2009 focusing on the relationship between the built environment and public health. She received her master of urban and regional planning degree from the College of Architecture and Planning at the University of Colorado Denver in 2009. She uses evidence-based research to support built environment changes that positively impact public health and quality of life, particularly for vulnerable populations including children, the elderly, disabled persons, racial/ethnic minorities, and persons of low socio-economic status. Ms. Schott brings a deep knowledge of metro Denver land use issues to P4HC. Working with the Stapleton Foundation and EnviroHealth, she recently co-authored a health impact assessment for North Aurora, Colorado, examining access to recreation and health status as it relates to potential sites for a proposed indoor recreation facility. She also works with the Regional Institute for Health and Environmental Leadership on compiling the most recent U.S.- and Colorado-specific evidence-based research around built environment and public health linkages, applicable tools for practitioners

to implement healthy design, and case studies on local projects around the state.

Nancy J. Severson, JD, MBA, was appointed by Mayor John Hickenlooper in February 2004 to serve as manager of the city's Environmental Health department. The department provides the city's public health inspections, environmental protection and response services for both private sector and city operations, animal care and control services, the medical examiner/coroner services, and a broad range of educational and support services focusing on population and environmental health issues. Ms. Severson currently sits on the Denver Mayor's Greenprint Council, an advisory group of high-level business and civic leaders who will recommend policy changes to the mayor to implement his sustainable development initiative. She also serves on Governor John Hickenlooper's Regional Air Quality Council (RAQC) and the Board of Mental Health Center of Denver. She previously has served on a number of boards and commissions, including Governor Bill Ritter's RAQC, Governor Roy Romer's Colorado Health Care Reform Initiative Committee, and State Attorney General Gail Norton's Colorado Nonprofit Conversion Task Force. Ms. Severson has written several articles and edited handbooks covering various health care topics.

Prior to joining the city in 2004, Ms. Severson worked as an independent health care consultant; served as vice president & general counsel for Lutheran Medical Center, now known as Exempla Healthcare, in Denver, Colorado; and was a partner of Holme Roberts & Owen, LLP, an international law firm, in their Denver, Colorado, office. Her practice concentrated on health care issues and entities, financial and regulatory matters, and real estate and corporate transactions. She received both her bachelor's and law degrees from the University of Denver and her MBA degree from the University of Colorado at Denver.

Tracey Stewart, MEd, is a former community resident of East Montclair, one of Taking Neighborhood Health to Heart's partner neighborhoods. Ms. Stewart serves on Taking Neighborhood Health to Heart's Data Review and Dissemination Committee and its Food Committee. In her role as the Colorado Center for Law and Policy's Family Economic Security Program Manager, Ms. Stewart monitors policies and programs that improve access to resources that give every Coloradan the opportunity to work toward economic stability and security. She educates state leaders and communities on the

importance of helping Coloradans on the road to economic self-sufficiency through the use of critical tools and resources.

Steven J. Summer, MBA, was appointed president and chief executive officer of the Colorado Hospital Association (CHA) in September 2006. At the Association, he works to represent the unified voice of Colorado's 94 hospitals and health systems in addressing issues such as health care reform, access and coverage for all Coloradans, fair and equitable payment, and making hospitals safe for the patients they serve. Prior to joining CHA, Mr. Summer spent 13 years with the West Virginia Hospital Association as president and chief executive officer. Prior to that, he was with the Maryland Hospital Association as senior vice president from 1990 to 1993 and vice president for professional activities from 1976 to 1990. Mr. Summer began his career in health care as an assistant director with the Association of American Medical Colleges, Council of Teaching Hospitals in Washington, DC.

Mr. Summer served as a member of Colorado's Blue Ribbon Commission on Health Care Reform. In 2009, he was appointed by the governor to the Center for Improving Value in Health Care and serves as a member of its executive committee. He is a member of the Board of Directors of the Colorado Center for Nursing Excellence, the Colorado Physician Health Program, and the Center for Personalized Education for Physicians. Most recently, he was appointed to the American Hospital Association's Committee on Research and served on its Task Force on Variation in Health Care Spending. He is a Fellow in the American College of Healthcare Executives. Mr. Summer holds an MBA degree in health care administration from George Washington University and a BS degree in business administration from Northeastern University in Boston.

Christopher Urbina, MD, MPH, is the executive director and chief medical officer of the Colorado Department of Public Health and Environment. He is an associate professor of the Colorado School of Public Health and Family Medicine, University of Colorado School of Medicine. At the Department of Public Health and Environment, in addition to his role as the executive director, Dr. Urbina also is responsible for the supervision of the health-related divisions, including the Disease Control and Environmental Epidemiology Division, the Prevention Services Division, the Health Facilities and Emergency Medical Services Division, the Laboratory Services Division, the Center for Health and Environmental Information and Statistics,

and the Emergency Preparedness and Response Division. He also supervises the Office of Health Disparities.

Outside of the department, Dr. Urbina is a member of the Association of Teachers of Preventive Medicine, the American Academy of Family Physicians, and the Center for Public Health Practice Advisory Committee. Dr. Urbina received his medical degree from the University of Colorado School of Medicine, his bachelor's degree in biology from Stanford University, and his master's degree in public health from Johns Hopkins School of Hygiene and Public Health. In 2010, in *5280 Magazine*, he was selected as one of the "Best Doctors in Public Health and Preventive Medicine," and he received "Excellence in Public Health Practice" recognition from the Colorado School of Public Health in 2009-2010. He is board-certified in family practice and preventive medicine.

Cynthia Veney serves as the inspiration and leader behind school meal reforms in Adams 14. With 21 years of experience in school kitchens, Ms. Veney remembers a time when meals were made from fresh, homemade ingredients, and students actually looked forward to lunchtime. She is planning on taking Adams 14 back to these "good old days," and is well on her way. Since receiving a School Meal Assessment in 2010 (funded by The Colorado Health Foundation), Ms. Veney has expedited the implementation of recommendations made in the report. These include taking Adams 14 kitchens back to scratch cooking facilities, eliminating the sale of à la carte items (these are foods sold at lunchtime—chips, ice cream, and cookies—for added revenues), and removing sweetened milk from the menu. Her efforts are designed to make it easier for kids to make healthier choices.

Additionally, Ms. Veney has been supporting her staff in retraining efforts so that they can learn how to cook once again. By 2012, most all her staff will have received chef-training skills in the Culinary Boot Camps, offered by the Colorado Health Foundation. She has also been recognized for her enlightened perspective in the school nutrition industry. She was invited to an event with Under Secretary for Food, Nutrition and Consumer Services, Kevin Concannon, to engage in discussions regarding ideas for success around summer food programs. Ms. Veney was also interviewed and featured in an April 11 article in *USA Today*, highlighting her strategies and best practices for creating healthier lunchrooms.

To ensure no child goes hungry, every student in Adams 14 receives breakfast in the classroom. Additionally, Ms. Veney serves more than 10,000 servings of fresh fruits and vegetables weekly (thanks to the U.S. Department of Agriculture's Fresh Fruit and Vegetable Snack Program) to students who would otherwise not receive them. She is considered a hero in Adams 14—and an inspiration to others across the state.

Richard L. Vogt, MD, has been the executive director of Tri-County Health Department, Greenwood Village, Colorado, since 2001. Tri-County Health Department is the largest local health department in Colorado and serves one-quarter of Colorado's population in Adams, Arapahoe, and Douglas Counties, which are three suburban Denver metropolitan counties. After high school, he graduated from the Colorado College in Colorado Springs with a BA degree in psychology. Later, he graduated from the University of Colorado School of Medicine in Denver and took a family practice residency in the area. He became an epidemiology intelligence service officer for the Centers for Disease Control after his residency. Subsequently, he was the state epidemiologist in Vermont and then Hawaii for a combined 17 years. After these assignments, he worked on global polio eradication in Cairo, Egypt, for the World Health Organization for two years. During his career, Dr. Vogt has been an author or co-author of over 90 peer-reviewed written publications on a variety of subjects. He has also made numerous international, national, and local presentations on the epidemiology of both infectious and non-infectious diseases. He has served as an officer in several national and state organizations. Currently, he is an adjunct professor of preventive medicine and biometrics at the Colorado School of Public Health, University of Colorado, Denver. He is also a Fellow of the American College of Epidemiology.

George Ware, MS, is in his fourth year of residence in Denver's East Montclair neighborhood, one of Taking Neighborhood Health to Heart's neighborhoods. His active participation in the Taking Neighborhood Health to Heart (TNH2H) project began in 2007. As a member of the TNH2H's Data Review and Dissemination Committee, he co-presented an overview of the historical abuses of scientific research to the larger TNH2H body and provided information about the TNH2H project at an East Montclair Neighborhood Association meeting, the 2008 Neighborhood Health Summit, and the Neighborhood Vital Signs Community Learning Exchange. Mr.

Ware currently supervises an evaluation unit within the Colorado Department of Public Health and Environment's STI/HIV Section. In his work related to addressing health disparities, he has partnered with communities at increased risk of STI/HIV (e.g., gay men, African Americans, and Latinos) in conducting needs assessments and designing, implementing, and evaluating STI/HIV prevention initiatives and activities.

Merrick Weaver, MHS, nurtures leadership within Partnerships for Healthy Communities and the community, executes the organization's strategic plan, and oversees agency operations. She facilitated the community outreach processes for Derby District Health Impact Assessment in 2007 and oversees the execution of 2011's South Thornton Health Impact Assessment. She brings over 12 years of experience in project development and management in the United States and Latin America. She works to achieve community-driven, evidence-based policy changes. Her community-based work is founded in the principles of appreciative inquiry and emerging leadership. Since 2008, she has worked closely with P4HC's board to focus on our four principle goals: healthy eating and active living, early childhood, adolescent health, and health literacy. She received a master of health science degree from The Johns Hopkins Bloomberg School of Public Health and her BA degree from the University of Texas at Austin in Plan II and Latin American studies.

Alexis E. Weightman, MPP, is the senior public policy officer at the Colorado Health Foundation (TCHF). In this role, she works with stakeholders to influence and implement public policy in support of the Foundation's strategies: healthy communities, healthy schools, adequate and affordable coverage, increasing enrollment for public health insurance programs, improving health care delivery, health information technology, and health care workforce. Prior to joining the policy team, Ms. Weightman led the TCHF evaluation department. As director of evaluation, she was responsible for developing and implementing a comprehensive assessment framework to measure the impact and effectiveness of the Foundation's internal and external grantmaking, policy, and communications activity. Before returning home to Colorado, Ms. Weightman worked for the Science and Technology Policy Institute, a federally funded research and development center based in Washington, DC. In this capacity, she led program evaluations for the National Institutes of Health, the National Science Foundation, and the National Science Board.

Additionally she conducted policy analyses for the White House Office of Science and Technology Policy. Ms. Weightman began her career at Abt Associates Inc. in Cambridge, Massachusetts, where she consulted on domestic and international health programs. She holds a bachelor's degree in biology and mathematics from Middlebury College and a master's degree in public policy from the University of Denver.

Karen Widomski is a policy analyst in the City Development Department at the City of Thornton, Colorado. Her work focuses on long-range, comprehensive community planning. She is currently the Project Director for the federal Communities Putting Prevention to Work grant-funded South Thornton Revitalization Area Health Impact Assessment. Prior to her career in local government, Ms. Widomski worked in South Asia on sustainable economic development projects for low-income and rural populations. She is also an urban farmer for a Denver-based CSA that provides locally-grown food to people of all income levels and displaced women and children. Ms. Widomski has a master's degree in Public Policy (MPP) from the University of Denver and a BA degree in English and anthropology from State University of New York, Fredonia, with additional studies in political science and international relations at the University of Colorado, Boulder.

Rainey Wikstrom has been planting seeds of wellness in Adams 14 by engaging partners and fostering fellow champions to support the work since 2008, first under the LiveWell Commerce City Initiative, and now under a federal Communities Putting Prevention to Work Grant. She believes Adams 14 is emerging as leader modeling programs and practices that make it easy for students to make healthy choices every day. Ms. Wikstrom is recognized as a leading school wellness advocate in Colorado for healthy schools. In 2006, she co-founded the award-winning University Park Wellness Program (a Denver Public School). University Park is the first, and only, school in Colorado to have received the Alliance For a Healthy Generation Healthy Schools Recognition. Ms. Wikstrom mentors other advocates and speaks often on school wellness. She also serves on the leadership team for Colorado Action for Healthy Kids and is the Colorado PTA Wellness Chair. She has helped Adams 14 secure a number of grants aligned with the District's health and wellness strategies. These include the U.S. Department of Agriculture's Fresh Fruit and Vegetable program, The Healthy Schools Colorado Grant

(Coordinated School Health), the Colorado Health Foundation Meal Assessment, and Active Play Areas Grant, and Farm to School resources. In addition she is now working to link student and staff wellness together by securing resources to support a combined approach to community health.

Samara Williams is a key leader in Adams 14, both as a principal and a wellness champion. Ms. Williams has worked in the District for the past 15 years, and has been the principal at Rose Hill Elementary since 2007. She has built an incredible relationship with her students and families in Commerce City. She not only recognizes each student in her school on a first-name basis, but she also builds credibility with families by communicating in Spanish during parent meetings. Ms. Williams has a holistic approach to student success, ensuring that students attain academic achievement, have powerful goals for the future and live healthy, enriching lives. To enhance the health of her students, and the surrounding community, she has pioneered many initiatives that promote wellness. Under Ms. Williams' leadership, she engaged the community in the development of a nine-course fitness station designed to give participants a total body workout. The fitness course is used by Rose Hill during the school day, and the entire community is welcome to use the fitness course when school is not in session.

Ms. Williams is recognized often for her dedication to student health. She was interviewed by KMGH Channel 7 on a piece highlighting Rose Hill's breakfast in the classroom program, and KCNC Channel 4 interviewed her regarding Rose Hill's new and improved healthy menu items. Rose Hill Elementary was also recognized in 2010 as the Fit 4 Colorado School Challenge winner for December. The Fit 4 Colorado School Challenge, presented in partnership by CBS4 and HealthONE's Rocky Mountain Hospital for Children, recognizes schools that are working to create a healthy atmosphere within their schools by coming up with creative and innovative ways to keep students and faculty healthy. Ms. Williams is always among the first to pilot new health and wellness initiatives in her school, including the fresh fruit and vegetable snack program, youth farmers' markets and establishing Rose Hill as a healthy school food zone.

Sarah Winbourn, MD, received her medical degree from Vanderbilt Medical School and did her residency in pediatrics at the University of Colorado School of Medicine. Since joining the Community Health Services staff in August 2008 as medical director, Dr. Winbourn has

established clinical protocols and educated providers on management and treatment of different health conditions; served as specialty consultant for nurse practitioners by examining and managing treatment of medically challenging patients; provided medical appointments for children including physical assessments, health teaching, management, follow-up of minor illnesses, acute illnesses, and chronic illness; developed plans for all clinics to respond to medical emergencies; and implemented special projects including but not limited to a substance abuse screening and treatment intervention, a reproductive tool kit, and a childhood obesity prevention program. Dr. Winbourn has been a leading force in several programs in partnership with The Children's Hospital, the University of Colorado's Integrated Nutrition Education Program, the Live Well Commerce City Steering Committee, Tri-County Health Department, Partnerships for Healthy Communities, St. Anthony's North Hospital, and Kids in Need of Dentistry, among others.

Jana Wright, MEd, is director of health literacy and education at Partnerships for Healthy Communities, where she works on the planning and implementation of early childhood, school wellness, community and youth organizing efforts. Ms. Wright brings a wealth of program and policy experience from both urban and suburban settings. She served as director of a daycare center in Baltimore, caring for children between six weeks and five years. She then explored her passion for teaching in inner city Baltimore public schools, working as a special education teacher in both kindergarten and middle school classrooms. Before joining the team at P4HC, she taught special education preschool in a north Texas public school district. Ms. Wright received her master of education degree in special education and leadership in teaching from The College of Notre Dame of Maryland and her BA degree in family and child development from Texas State University.

Barbara Yondorf, MPP, is president of Yondorf & Associates, a Denver-based, health policy consulting firm. Yondorf & Associates researches health policy issues, conducts feasibility studies, provides strategic planning and facilitation services, drafts legislation, and prepares grant proposals. She regularly speaks to national groups and has written numerous health policy reports, studies, and white papers. She is finishing a series of 15 health care cost containment briefs for the National Conference of State Legislatures and recently completed written papers on health insurance benefit adequacy,

state options for expanding health care access, and health care system streamlining.

Before starting her own company, Ms. Yondorf served in senior positions at a Denver-based community foundation, the National Conference of State Legislatures, Colorado Division of Insurance, and Colorado Department of Health. She also was a budget analyst for the Colorado General Assembly. Ms. Yondorf has been a member of numerous boards and commissions including, most recently, the national Advisory Board on Consumer Operated and Oriented Plans, the Consumer Participation Board of the National Association of Insurance Commissioners, and the Boards of Colorado's Center for Improving Value in Health Care and Colorado Consumer Health Initiative. Ms. Yondorf has a BA degree with honors from the University of Chicago and a master's degree in public policy from Harvard's Kennedy School of Government.

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Judith Miller Jones has been director of the National Health Policy Forum at the George Washington University since its inception in 1972. As founder and director, Ms. Jones guides the Forum's educational programming for federal health policymakers, spearheads NHPF's fundraising efforts, and serves as a resource to foundations, researchers, and other members of the health policy community. Ms. Jones was appointed to the National Committee on Vital and Health Statistics in 1988 and served as its chair from 1991 through 1996. She is a lecturer in health policy at George Washington University, is a mentor for the Wharton School's Health Care Management Program, and, on occasion, consults with nonprofit groups and corporate entities across the country. Prior to her work in health, Ms. Jones was involved in education and welfare policy. She served as special assistant to the deputy assistant secretary for legislation in the Department of Health, Education, and Welfare and, before that, as legislative assistant to the late Sen. Winston L. Prouty (R-VT). Before entering government, Ms. Jones was involved in education and program management at IBM, first as a programmer, a systems analyst, and then as a special marketing representative in instructional systems. While at IBM, Ms. Jones studied at Georgetown Law School and completed her master's degree in educational technology at Catholic University. As a complement to her work in the federal arena, Ms. Jones is involved in a number of community activities in and around Shepherdstown, WV. These include participation in a local emergency planning committee and chairing Healthier Jefferson County, a committee dedicated to improving public health and medical care in that area of the Eastern Panhandle.

Kathryn Linehan, MPH, joined the Forum as a principal policy analyst in January 2009. Her areas of interest include private insurance markets and post-acute and long-term care payment systems. Before joining the Forum, Ms. Linehan was a consultant at Alicia Smith & Associates, where she worked with a number of states with Medicaid managed care programs. She worked with clients on developing, implementing, and evaluating various aspects of their Medicaid programs. Prior to her consulting work, Ms. Linehan analyzed Medicare payment issues with two Congressional support agencies.

For three years she analyzed skilled nursing facility and hospice payment issues at the Medicare Payment Advisory Commission (MedPAC). Prior to that, she was a senior analyst at the General Accounting Office (GAO, now known as the Government Accountability Office) for five years, where she focused on various issues including Medicare+Choice, prescription drug, and physician payment policy. She has a bachelor's degree from Oberlin College and a master of public health degree from the University of Michigan School of Public Health.

Michele J. Orza, ScD, joined the Forum as a principal policy analyst in February 2008. Her areas of interest include evidence-based health practice and policy, public health infrastructure and systems, global health, health science and technology; and the portfolios overseen by U.S. Food and Drug Administration (FDA), Centers for Disease Control and Prevention (CDC), and the Agency for Healthcare Research and Quality (AHRQ). Prior to joining the Forum, Dr. Orza was a scholar at the Institute of Medicine with the Board on Global Health, where she served as study director for the President's Emergency Plan for AIDS Relief (PEPFAR) Evaluation. While at the IOM, she also served as acting director of the Board on Health Care Services. Previously, she had served as assistant director of the Health Care Team at the Government Accountability Office, where she was responsible for managing study teams evaluating a wide range of federal programs. For several years she also served as director of science and research at the American College of Cardiology where her department was responsible for supporting the college's evidence-based medicine activities. Before coming to Washington, DC, she worked as a research assistant in the Technology Assessment Group at the Harvard School of Public Health on a wide variety of methods for and applications of systematic reviews and meta-analysis and other tools to promote and support evidence-based public health. Dr. Orza received both her master's degree in health policy and management and her doctorate in program evaluation from the Harvard School of Public Health and received the first BA degree in women's studies from Harvard/Radcliffe University.

Jessamy Taylor, MPP, principal policy analyst, joined the National Health Policy Forum in 2004. Her research, analysis, and writing focuses on the health care safety net and issues affecting low-income and vulnerable populations. Prior to coming to the Forum, Ms. Taylor worked at the U.S. Department of Health and Human Services

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**SITE VISIT
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