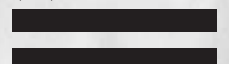


# Communities Shaping a Vision for America's 21st Century Health and Healthcare

Phase II Progress



**YOUR** *choice*  
**YOUR** *health*

# ACKNOWLEDGEMENTS

The concept for "Communities Shaping a Vision for America's 21st Century Health & Healthcare" was based on our experience and longstanding belief that many practical solutions to contemporary health care issues can be found in communities across America. Community leaders clearly understand the need to carefully define a problem, and then work collaboratively to identify potential solutions.

The success of the first phase of the leadership effort, completed in the Fall of 2003, was enormously gratifying. As we moved into the second phase and began to work with each community to organize and advance ideas, the potential benefits to be realized from the initiative grew. We suddenly recognized the broad application of this incredible network of leaders to health care policy, demonstrations and pilot projects, and as a motivating force in enticing other communities to be a part of the movement.

Our continuing gratitude goes to Dr. Rex Cowdry, who championed the initial concept within the White House and enabled us to engage the Washington, DC community. His conviction that community ideas could help our nation overcome some of the challenges Washington has struggled with for years proved to be quite accurate.

We thank the American Cancer Society, the American Hospital Association, the American Medical Group Association, and the American Psychological Association for their confidence and leadership in advancing this practical grass roots approach to public policy, through financial sponsorship of phase two.

We also want to express our appreciation to the National Association of Chain Drug Stores and its Foundation for underwriting the technology work of the Advanced Strategy Center (ASC) for the "Community Leaders' Blueprint for American Health Care Policy," which is described in this report. The ASL technology enabled us to harness the collective wisdom of scores of community and national thought leaders, tackle many complex public policy issues and drive the discussion to closure. As this publication goes to press, plans are being made to release the Blueprint in a congressional briefing. The recommendations will serve as the foundation for our policy work through 2005 and into 2006.

To augment the Blueprint, we commissioned a National Study on Consumer Health Values, through Harris Interactive, in December 2004. The results of the survey, which will also be released shortly, support many of the recommendations which are outlined in the Blueprint, and reaffirm the importance of listening to and learning from community voices. We are grateful to Definity Health for underwriting this work.

As you will see throughout the pages that follow, this report is rich with keen insights and visionary ideas from leaders in Albuquerque, NM; Chicago, IL; Fort Lauderdale, FL; Hanover, NH; Muncie, IN; Jackson, MS; Portland, OR; Raleigh-Durham, NC; Salt Lake City, UT; San Diego, CA; San Antonio, TX, Spokane, WA; and other communities.

We are indebted to the hundreds of individuals throughout these communities who expressed their belief that this endeavor has merit and is long overdue. They told us they felt proud and honored to be part of an effort that demonstrates Washington leaders care about their views.

For more information on Wye River Group on Healthcare or the Foundation for American Health Care Leadership, please see our website, [www.wrgh.org](http://www.wrgh.org), or contact us.

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# EXECUTIVE SUMMARY

**I**n this update report we are pleased to describe the progress made through the community leadership initiative, “Communities Shaping a Vision for America’s 21st Century Health and Healthcare,” which Wye River Group on Healthcare (WRGH) and its supporters launched in July 2002.

A report on phase one was published in the fall of 2003. Phase II extended from September, 2003 through the fall of 2004. Several “spin off” initiatives that have developed as a result of this work are also described in this report.

During phase I, WRGH successfully identified and recruited in each community a representative cross-section of public and private stakeholders with detailed knowledge of health and health care in their community. With the active participation of the Bush administration and democratic leadership, we then held a series of Healthcare Leadership Roundtables, or “listening sessions,” in 10 diverse communities around the country.

During the second phase, WRGH built on the momentum by working with our sponsors, national leaders, and local community leaders to create channels that would 1) allow national health policy leaders to gain insight from communities; 2) identify local, community-based health care solutions that have the potential to be replicated in other communities and nationally; 3) raise awareness and engage the public in constructive dialogue on health care challenges; and 4) encourage each leadership group to undertake an initiative to address a local healthcare challenge.

We returned to each of the original ten communities involved in the initiative and facilitated leadership forums designed to turn discussion into action through partnerships. These communities include Albuquerque, NM; Chicago, IL; Fort Lauderdale, FL; Hanover, NH; Jackson, MS; Portland, OR; Raleigh/Durham, NC; Salt Lake City, UT; San Diego, CA; and San Antonio, TX . We also invited two additional communities to join the original ten. A leadership group in Spokane, Washington, signed on to the initiative in December, 2003, and a group in Muncie, Indiana, joined in September, 2004.

In all 12 of these communities, we have sought to organize, maintain and expand the existing base of thought leaders. WRGH helped the groups prioritize initiatives, identify potential funding sources and organize their activity. The specific efforts to be advanced were based on recommendations found in the Phase I report. We have employed these leaders in outreach efforts at the local, state and national levels in three broad areas: shaping public policy, identifying and encouraging community-based leadership, and raising public awareness and engagement. The results of these efforts are described in this report.

## **Initiatives to Shape National Health Care Policy**

In Phase II we initially organized the values and principles identified in Phase I into a set of policy priorities. Our first effort during Phase II was designed to influence the debate on national health care policy. Working with a cross section of leaders, we developed “10 Questions for Political Candidates” for use in the 2004 elections. These questions were endorsed by leaders in all of the communities, as well as by a number of Washington allies. The goal was to have local, state and national candidates responding to a series of questions that enjoyed the broad-based support of leaders in more than a dozen states. We wanted to promote constructive debate and to raise public awareness of contemporary health care issues. The questions and the list of more than 100 endorsers are included in this report, in Section I and in Appendix B respectively.



Next, we worked with the community leaders to draft a "Statement of Principles for Health Policy." This statement, based on the policy recommendations developed in the first report, and building from the ten questions, is also included in Section I. It is intended to provide a benchmark against which health policy proposals can be judged. It reflects the input of dozens of leaders from around the country and also enjoys diverse and broad support. Endorsers are listed in Appendix B.

In order to bridge the gap between local health and healthcare leaders and national public policy, WRGH created an affiliate in January, 2004, the Foundation for American Health Care Leadership (FAHCL). The goal of the Foundation is to promote and enable the thoughtful exchange of ideas in a neutral environment, among a broad cross-section of senior corporate and public sector executives across America in direct coordination with national thought leaders.

The Foundation convenes meetings and conferences with health care leaders to deliberate on and study national health care trends and specific contemporary health care issues affecting the nation's health and productivity. The Foundation then works to advance the outcome of these discussions before public policy experts, private and public sector leaders, and the general public. This "dialogue to action" approach distinguishes the Foundation and enables it to convert ideas into public policy.

The Foundation will serve as the principal agent to administer the ongoing twelve-state community leadership initiative into 2005-2006.

One of the first initiatives of the Foundation was development of a "blueprint" for health reform to be offered to the president, his administration and congress. The blueprint is intended to serve as a comprehensive roadmap for addressing key challenges in health care, such as access, quality, affordability, and infrastructure. The document was developed through a methodical process combining electronic brainstorming (underwritten by the National Association of Chain Drug Stores) with facilitated discussions, and involved input from dozens of community leaders across the spectrum of health and health care, as well as prominent national thought leaders in health care policy. The blueprint's recommendations frame a series of actionable steps that can reasonably be achieved by the administration within a 4-year term.

As a complement to the leaders' opinions, we commissioned a national survey by Harris Interactive (underwritten by Definity Health), to capture public opinion on a variety of salient health-related questions.

### **Initiatives to Raise Awareness and Engage the Public**

WRGH/FAHCL is currently involved in developing a number of partnering initiatives that are designed to raise public awareness about current health challenges and to engage the public in helping to address them. These initiatives are focused on utilizing the media and the arts as effective tools in educating and motivating the public, including children, about the importance of health and lifestyle.

One of these collaborations is a joint proposal with the Society for the Arts in Healthcare (SAH) to develop a children's television program aimed at educating kids about health, creating a new channel for cultural/social change, and promoting healthy behavior. The proposal outlines the concept of an entertaining television series that will encourage children to make choices that support their health and well-being. The proposal recommends linking the show with interactive web content for children and parents as a means of extending their involvement and measuring the success of the program. A description of the rationale and proposed approach is included in Section II.



In a similar vein, WRGH/FAHCL has developed an agreement with the Professor Garfield Foundation, (PGF). PGF is an exciting, unique and inspired educational Internet web portal designed to complement and fill existing gaps in traditional educational curricula for kids in kindergarten through 8th grade, by combining educational content from leading experts with one sassy fat cat! We will identify and recruit sponsors and provide the content, through our allies, to create innovative and stimulating health and wellness "edutainment."

Another collaborative effort by WRGH/FAHCL and the SAH is a series of proposals for community-based arts projects designed to improve health and health care. Initial proposals include arts projects aimed at the following goals: working with the public schools to reduce childhood obesity; improving end-of-life care; reducing the incidence of type II diabetes among children; and encouraging appropriate use of the emergency room. These proposals can be found in Section II of this report.

### **Reports on Community Leadership**

During Phase II, two new communities – Spokane, Washington, and Muncie, Indiana -- joined the community leadership initiative. WRGH held a leadership roundtable discussion in Spokane in December, 2003 and one in Muncie in September, 2004. Summaries of the two discussions are included in Section II.

Because voices from the communities are so central to the work of WRGH and the Foundation, we invited community leaders from around the country to contribute their perspectives to this report. In the "Voices from the Communities" section, community health care leaders attest to the value of partnerships, creativity, leadership and cross-sector collaboration in designing new approaches to old, and seemingly entrenched, problems in health care. Their commentaries are found in Section III.

We also provide "case studies" of effective, measurable, community-based, collaborative efforts to improve health and health care. We included 40 such case studies in our Phase I report; we include another 40 – drawn from communities all around the country – in Section III of this report. These case studies describe efforts that have successfully addressed specific goals designed to improve the health and well-being of a community, such as expanding access to health care, engaging residents in physical fitness, and creating new health care payment and delivery structures to better meet patient needs. Our intention in describing these various efforts is to provide readers with ideas and inspiration to explore new ways of addressing their communities' health system challenges. These case studies are generally organized by the topical area addressed.

We hope the reader will find a good deal of inspiration from the multitude of ideas and the clear enthusiasm of community leaders for collaborative approaches to our many healthcare challenges!