

September 10, 2009

The Honorable Michael B. Enzi (R-WY)
Ranking Member
United States Senate
Committee on Health, Education, Labor and Pensions
428 Senate Dirksen Office Building
Washington, DC 20510



Dear Senator Enzi:

I greet you in the true spirit of good citizenry. As a community servant and founder of a national nonpartisan stakeholder movement, **100 Days In: Connecting Stakeholders to the Change We Need**, I am pleased to present the enclosed overview and recommendations from our first local initiative: a Town Hall on Health for the residents of the District of Columbia. The Town Hall meeting, held on Saturday, August 29, 2009, drew some of the city's most engaged and forward-thinking health leaders and advocates.

As we discussed, debated, and reconciled topics ranging from health reform to chronic diseases that impact DC residents, our experts candidly offered their perspectives and recommendations for contemplation as our elected officials continue to consider and potentially adopt the pending Health Care Reform bill.

For your consideration, I am sending you the proceedings from the DC Town Hall on Health in hopes that you and your colleagues bear in mind what our participants would like to be taken into consideration when voting upon a critical measure that will impact us all physically and financially. A copy of the report and recommendations has also been sent to The Honorable Nancy Pelosi, Speaker of the House of Representatives; Mitch Stewart, Director of Organizing for America; The Honorable Adrian M. Fenty, Mayor of the District of Columbia; and, Dr. Pierre Vigilance, Director of the DC Department of Health. The report and resources and video from the Town Hall can be found at www.100DaysIn.com.

I am also enclosing information about our initiative, including the 100 Days In Fact Sheet and the media advisory announcing our launch. An invitation requesting your participation in our first national discussion featuring key leaders in the current administration, community organizations and businesses, **A Blueprint for Businesses, Entrepreneurs, and the Community**, will be mailed under separate cover.

Should you have any questions about our deliberations or recommendations, please do not hesitate to contact me at (202) 904-1380, or Kesi@ksgsc.com. I thank you in advance for your consideration.

Sincerely,

Kesi Stribling
Founder, 100 DAYS IN



100 Days In

Connecting Stakeholders to the Change We Need

A TOWN HALL MEETING ON HEALTH & HEALTH CARE REFORM

for

RESIDENTS OF THE DISTRICT OF COLUMBIA

Saturday, August 29, 2009

Juanita Thornton/Shepherd Park Library

7420 Georgia Avenue, NW, Washington, DC 20012

REPORT AND RECOMMENDATIONS

HOSTED BY

100 DAYS IN: CONNECTING STAKEHOLDERS TO THE CHANGE WE NEED

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PURPOSE

The first local initiative of the national, nonpartisan initiative, **100 Days In: Connecting Stakeholders to the Change We Need**, A DC Town Hall on Health was convened on Saturday, August 29, 2009 to draw the area's most engaged health care leaders and advocates to discuss the city's most prevalent health issues and recommendations for the proposed health care reform bill under consideration by Congress.

Participants in the town hall meeting had an opportunity to hear from the expert panel, share their own personal experiences and their recommendations to local and national lawmakers on what health issues are the most critical for them.

PANELISTS

RAY MICHAEL BRIDGEWATER

President, Assembly of Petworth

Member of the Board of Directors, March of Dimes

Ray Michael Bridgewater founded The Assembly of Petworth ten years ago to address issues such as health disparities, technology, and community development. Known for inspiring local and global partnerships, Bridgewater plays a significant role in overseeing the operation of and building alliances to assist medically under-served populations including the March of Dimes Mama and Baby Bus (prenatal mobile unit); National Minority Organ Tissue Transplant Education Program; and, a telehealth mobile unit project in Engnu, Nigeria. Ray Michael Bridgewater also serves on the 100 DAYS IN Host Committee and Advisory Council.

SUSAN LOWELL BUTLER

Executive Director, DC Cancer Consortium

Susan Lowell Butler is the Executive Director of the DC Cancer Consortium, an organization of more than 70 health care groups working to reduce cancer incidence and mortality in the District of Columbia. The Consortium has been funded by the DC City Council for \$20 million to implement the five-year *DC Cancer Control Plan*. A fourteen-year survivor of simultaneous breast and ovarian cancer, Susan Butler is a founding member of the Ovarian Cancer National Alliance and the Ovarian Cancer Coalition of Greater Washington.

CAROLYN KING

Senior Insurance Operations Specialist, DC Department of Insurance, Securities, and Banking

Carolyn King is the Senior Insurance Operations Specialist in the District of Columbia Department of Insurance, Securities, and Banking Consumer Services and Professional Branch in the Insurance Bureau, which is responsible for investigating consumer-related issues, such as claim disputes, cancellation or non-renewal of insurance policies, improper insurance producer conduct, and uninsured motorist fund claims. She holds a Bachelor's degree in Business Administration from Bowdoin College.

PANELISTS, continued

PATRICIA LANE, RN

Stroke Program Management Coordinator, INOVA Fairfax Hospital

Patricia Lane, RN is the Stroke Program Management Coordinator at INOVA Fairfax Hospital. A staunch advocate for health awareness, she is a charter member of the Northern Virginia Chapter of the National Black Nurses Association and serves on the American Heart Association/American Stroke Association (Greater Washington Region) *Power to End Stroke Task Force*. Patricia has served on the Virginia Board of Nursing, and presented her perspective on Continuing Education for Nurses to the Institute on Medicine in 2008.

KESI STRIBLING, Moderator

Founder, 100 Days In: Connecting Stakeholders to the Change We Need

Kesi Stribling is the Founder of 100 Days In: Connecting Stakeholders to the Change We Need. She is also the CEO and Chief Strategist of KSG Strategic Consulting (www.ksgsc.com), a Washington, DC and Philadelphia-based firm specializing in strategic planning, marketing, and training services. An avid community servant, Kesi serves on numerous boards and advisory committees including the March of Dimes, National Capital Area Chapter and the American Heart/Stroke Association's *Power to End Stroke* Task Force.

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The moderator introduced each panelist, who then detailed his or her own background in health, and statistics related to chronic diseases and disparities including infant mortality, stroke, childhood obesity, breast cancer (in women and men), prostate cancer, HIV/AIDS, gerontology, and stress and tension. In addition, the issues of insurance coverage, or lack thereof, as well as rates for individuals and businesses/organizations, and the proposed health care reform bill were discussed in detail.

Topic: Insurance

Panelist: Carolyn King

The District of Columbia Department of Insurance, Securities, and Banking (DISB) is an agency that offers a host of services to DC residents. These advocates respond to numerous inquiries from residents and follow-up with health care providers and insurers on their behalf. One topic that DISB addresses even more frequently is COBRA and what residents should know about COBRA continuation under the American Recovery and Reinvestment Act of 2009. Ms. King noted that under the Recovery Act made is possible for employees to get "mini COBRA," meaning that employees can get up to 90 days of health care coverage after COBRA has expired.

King said that when it comes to insurance coverage in general, some residents do not read all of the specifics related to coverage and sometimes reach out to DISB to assist when they have questions or issues related to coverage. Additional assistance to residents includes outreach programs that raise awareness about renters' insurance, life insurance policies, and strategies to interact with physicians when negotiating care for current illnesses, or preventive medicine.

Topic: Stroke, Heart Attack, and Childhood Obesity

Panelist: Patricia Lane, RN

Ms. Lane talked about the soon-to-be announced American Heart Association and American Stroke Association's 2010

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partnership to provide training and technical support to EMS workers.

Encouraging participants to support the American's Health Choice Act, Ms. Lane said that "we can agree to disagree" on where the line is drawn on some of the issues related to health care, however, she said that we should all agree to focus on chronic health care. Ms. Lane added that critical issues also include the expansion of Medicare to make care more affordable and less confusing for patients and a streamlined process for getting care, especially for senior citizens.

Patricia Lane also called for shared health care coverage responsibility between employers and the employees. Prevention and wellness services, after school programs, and "true community partnerships and workforce investments" should be a given. Lastly, she urged for physicians, nurses, and pharmacists to work together to address patients' needs through communication, controlled costs, and innovative delivery of health care.

Childhood obesity is a chronic disease that impacts the District and children across the country. Ms. Lane cited increased use of the computer, texting, and other sedentary behavior, as well as poor eating habits as the primary causes of childhood obesity. "If we don't fix it now, we will be in trouble," she said. Young people suffering from childhood obesity are likely to encounter cardiac issues, cancer, and long term disabilities.

Topic: Infant mortality, community partnerships, technology in medicine

Panelist: Ray Michael Bridgewater

Ray Michael Bridgewater shared with participants how the Assembly of Petworth came into existence. Supported by the Kellogg Foundation, fifty concerned health advocates and community leaders, crossing racial lines, gathered to address three specific areas: health; technology; and, mothers and children.

The Board of Directors are charged to go into the community, gauge residents' concerns, and report back to the Assembly. The first most urgent recommendation was to provide support to mothers and children. After five forum discussions, it was decided that a mobile unit to address the health needs of mothers and children was in order. In 2003, the first mobile unit hit the streets and is now noted as the number one mobile unit in the country. Nurse practitioners speak several languages in order to communicate with populations served including English, French, Vietnamese, Chinese, and Spanish.

Mr. Bridgewater emphasized that private-public partnerships have helped the success of the Assembly's programs. Collaborations with hospitals, universities, schools, senior citizens, and churches have ensured outreach and awareness in the Washington, DC communities.

Prenatal care and infant mortality are two prevalent issues that impact the District. According to Mr. Bridgewater, the United States, the most prosperous country, is rated number 30 in infant mortality nationwide. He emphasized, "We need to change the philosophy on infant mortality." The old way, Mr. Bridgewater said, was to address the needs of mothers and children separately. He called for an integrated approach to care, intervention, and prevention and early detection.

Other countries, according to Mr. Bridgewater, consider prenatal care as disease management. The United States, he opined, should use the same approach to prenatal care.

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Topic: Cancer

Panelist: Susan Lowell Butler

Susan Lowell Butler, Executive Director of the DC Cancer Consortium, is a staunch advocate for cancer awareness. A breast cancer survivor, she has made cancer awareness and prevention her personal mission. The Centers for Disease Control asked the District of Columbia to address cancer. The result was a DC Cancer Plan which resulted in the establishment of the DC Cancer Consortium. The group is comprised of four cancer centers and organizations, some of which include Georgetown University, Howard University, American Cancer Society, and city social workers.

Ms. Butler noted that in the District, there is an alarming lack of access to care and insurance. Cancer is typically “under-addressed” as relates to health screenings and follow-ups. She encouraged an alliance for health care in which free insurance would be offered. She cited a lack of “medical home,” or no primary care physician, and lack of screenings and preventive care as major sources of escalating cancer rates.

RECOMMENDATIONS

Small Businesses and Health Care

1. Present health care options for employers. Employers fear higher rates and being left out of the discussion on how the proposed health care reform bill will impact them (real numbers of cost to employers)
2. Partner with nonprofit organizations to conduct surveys and potentially share health insurance group costs
3. Put health screening information on the company website to encourage participation

Addressing Chronic Diseases

1. Partner with District organizations to increase messaging about issues
2. Welcome representatives/advocates to speak or present topics to health organizations
3. Design health-related public relations campaigns and Public Service Announcements (PSAs) and send to local media outlets

Preventive Care

1. Make preventive care available to residents– bring it to the people!
2. Create portable ways to address health concerns (i.e. health mobile units)

Health Care Costs

1. Create cost-sharing opportunities for employers
2. Require health screenings for employees (focus on prevention)
3. Host representative from health insurance provider, like Care First, to talk with individuals and employers about the health care coverage options that work best for them
4. Encourage participation in clinical trials (many insurance providers will continue coverage of existing illness (in DC and Virginia) while participating in the trials)
5. Life after COBRA - laid off workers should consider participating in open enrollment of insurance providers, such as Care First, for coverage after COBRA has ended
6. Include a public option in the proposed health care bill

TOP TEN CONSIDERATIONS (for residents and lawmakers)

1. Get involved!

Contact your elected officials and tell them directly what you want to see in the health care reform bill

2. Form partnerships

Alliances are important and a great way to support similar goals and initiatives, as well as increase resources

3. Preventive care

Encourage preventive care to address health concerns before they become chronic illnesses and end up costing the individual or insurer more money

4. Provide and promote access to health care

Demand that health care insurers, physicians, and care givers focus on preventing diseases and ensure access to preventive health care and disease management; provide a public option in the health care reform bill

5. Know your insurance coverage

Read your insurance coverage information when it arrives in the mail, ask questions to ensure that you know what is covered and what is not

6. Become advocates

Raise awareness about health and health care by becoming a community advocate; most important, become a health advocate for your family and yourself

7. Involve input from a multitude of health care providers

Consult your physician, nurse, pharmacist, and physicians' assistants to design a personalized approach to your health care

8. Begin with the children

Let health care discussions, options, and preventive measures begin with children to encourage awareness about their own health now and influence proper health habits when they become adults

9. Engage our businesses

Bring businesses (large and small) to the table to discuss health care issues, including prevention, costs, and coverage

10. Put health care in the hands of the people

Create a new paradigm in which the focus moves away from making a profit (health care insurers) and focuses on the people and preventive care