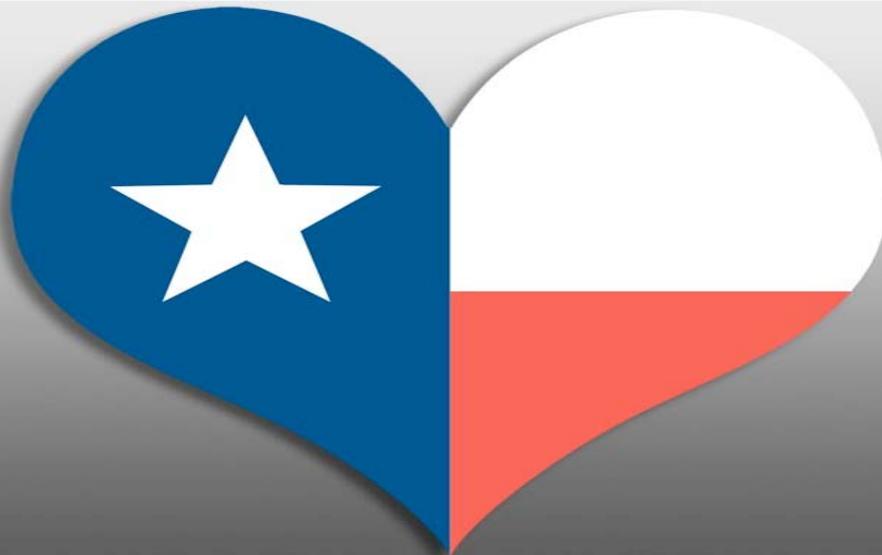


THE TEXAS LYCEUM

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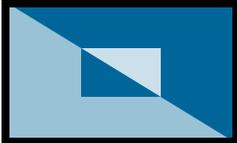
HOUSTON



BEYOND HEALTH CARE REFORM: RE-IMAGINING AFFORDABILITY, WELLNESS & ACCESSIBILITY FOR TEXANS

- **How Texas cities are making us healthier**
— *El Paso Mayor John Cook*
- **Can community colleges create a healthy Texas?**
— *South Texas College President Shirley Reed*
- **PE standards in schools a giant leap for child health**
— *State Senator Jane Nelson*
- **INSIDE: Much more on Texas' health issues**





BEYOND HEALTH CARE REFORM: CAN COMMUNITY COLLEGES CREATE HEALTHIER TEXANS?

BY SHIRLEY A. REED, M.B.A., Ed.D.
SOUTH TEXAS COLLEGE PRESIDENT

Texas community colleges enroll over 1.3 million students each year in credit and non-credit courses and provide significant contributions to helping all Texans be healthier. They reach out to those traditionally underserved by higher education, and provide affordable open access to quality academic, workforce training, and continuing education programs across the state. They serve as the catalyst for regional economic development, prosperity, and social mobility. They also serve not only as the cornerstone for economic vitality, but also foster an environment to help students, their families, and communities achieve a better quality of life.

Few Texans are as healthy as they wish they were and most do not have access to the health services they need and wish they had. The moment of truth has arrived in the U.S. for determining who is responsible for the health and well-being of all who live in this great land. We do not all agree on the responsibility of whom for doing what.

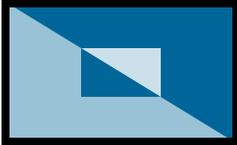
While Texas community colleges provide many services and programs to help Texans live healthier, more productive lives, I believe we must look to ourselves and our responsibility to make ourselves healthier Texans. Texas community colleges remain true to their mission to serve the needs of the local community; however, the responsibilities of the individual student or community member are an equally important component, if all Texans are to be healthier Texans.

Texas is the second largest state based on population and size with almost 23 million people. Sadly, Texas also ranks 45th in the overall health index, 12th for overweight and obesity, and 2nd in suicides according to Texan Health Stats (statesman.com). The Commonwealth Fund’s State Scorecard on Health System Performance for 2009 reports equally alarming statistics on Texas’ ranking compared to all 50 states and the District of Columbia. Following are a few sobering stats:

Equity between rich and poor	50th
Equity between non-Hispanic white and minority	48th
Access to care	51st
Overall	46th

Another disturbing report issued by the Commonwealth Fund ranked Texas among the 10 worst states for health care access, prevention of disease, medical treatment, avoidable hospital use, and inequity of health care between the rich and poor.

This nation and its residents are looking to community colleges more than ever before to provide the solutions to the ever expanding list of challenges and opportunities facing the nation. Helping Texans be healthier is just one of many new responsibilities and opportunities added to the full agenda for Texas community colleges.



BEYOND HEALTH CARE REFORM: CAN COMMUNITY COLLEGES CREATE HEALTHIER TEXANS?

Community colleges are uniquely American institutions. Those of us dedicated to Texas community colleges fulfill an amazing mission each and every day.

- **We change lives and future generations**
- **We build strong communities**
- **We help put people to work**
- **We help build Texas as the greatest and most fiscally stable state in the union**

While these are challenging times, it is a time of unprecedented opportunity for all Texans and their community colleges. What Texas community colleges can do and what community colleges are funded to do are quite different. The state funding of Texas community colleges supports a misalignment between the needs of Texans and the community college’s ability to respond to those needs.

Community college funding from the state once paid for 60% of the cost of instructional programs. This funding has dwindled to 29%. Community colleges are “doing more with less” and “doing less with less.”

I have a few suggestions on how all Texas community colleges can help create healthier Texans.

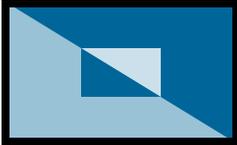
- **Teach healthy nutrition**
- **Reward healthy lifestyle behaviors**
- **Provide drug and alcohol abuse intervention programs**
- **Develop safer campuses**
- **Provide support services for returning veterans**
- **Continue to graduate the thousands of new nurses needed every year**

The Texas Center for Nursing Workforce Studies reports the need for registered nurses will increase by 86% by 2020; however, the number of graduates will only increase by 53%. The annual number of nursing graduates must increase from 7,031 in 2007 to 25,000 nursing graduates each year by 2020. Based on the current trend and funding limitations, 42% of the qualified applicants will be turned away because of lack of faculty and available clinical space.

The majority of these nursing graduates will have to be prepared by Texas community colleges and responding to the soon to be critical shortage in the preparation of nurses will be a major challenge for Texas community colleges. Texas community colleges simply do not have the necessary state and local funding to keep pace with the need. As a result, fewer registered nurses will be available for the care of all of us.

Yes, community colleges can create healthier Texans. We need the individual will to do that which helps keep us healthy and we need to accept our individual responsibility to do our part to be healthy. Community colleges want to do more, and can do more, to serve the best interests of all Texans.

We just need the political will and personal will to do more to help all Texans, and their families, have a healthier life. An increase in state funding would help as well.



BEYOND HEALTH CARE REFORM: CAN COMMUNITY COLLEGES CREATE HEALTHIER TEXANS?

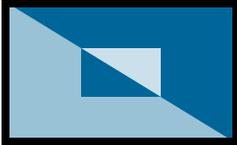
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ABOUT THE AUTHOR



Dr. Shirley Reed serves as the Chief Executive Officer and founding President of South Texas College in McAllen, which was established in 1994. She has led South Texas College to national recognition and one of Texas' world-class community colleges with five campuses serving over 27,000 students each semester in South Texas. Dr. Reed has a Doctorate in Higher Education Administration from Illinois State University, a Master's in Business Administration from Western International University and a Master's in Library Science from the University of Hawaii. She completed her Baccalaureate degree at the University of South Florida in English Education, and her Associate degree from St. Petersburg Junior College.



BEYOND HEALTH CARE REFORM: HOW THE LEGISLATURE HAS PLAYED A ROLE IN YOUNG TEXANS' HEALTH

**BY STATE SENATOR JANE NELSON
CHAIRMAN OF THE HEALTH & HUMAN SERVICES COMMITTEE**

Prior to the 2001 Legislature, a mother contacted me because her second grader was sitting behind a desk all day with no physical education, no recess -- only leaving for a 30-minute lunch break. I couldn't believe this was true. PE was a bedrock part of the school day when I was in school. As a teacher, my students exercised on a daily basis, which I loved because they returned to class alert and ready to learn.

Unfortunately, this parent was not mistaken. In 1995, the Education Code was revised as the state moved toward more standardized testing. The only PE requirement was the 1.5 credits needed to graduate high school. As a result, physical activity had been de-emphasized in our schools to the point of near extinction.

The Centers for Disease Control had not yet declared child obesity a health epidemic. We didn't know what we know today ... that nearly 35% of children ages 10-17 in Texas are obese or overweight.

My research led me to Texas physicians and health advocates, who were starting to see troubling signs about the overall health of our young people. They reported children in their teens developing a form of diabetes that was once only found in 50-year-old men. We heard from PE teachers, who reported that their jobs were becoming scarcer throughout the state. I met with many parents, who were shocked to learn that their children were not getting daily exercise at school.

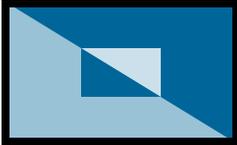
We formed a coalition of parents, health advocates and education reformers with the goal of improving the health of our 4.4 million public school children. We sought PE in every grade on a daily basis.

Unfortunately, we met with opposition from those who saw our effort as time away from academics and academic achievement. However, we argued that in education, there are electives and fundamentals. The health of our children is fundamental to their success and we proved a direct correlation between exercise and academic success. Thus, the Legislature approved returning PE to the elementary school day.

Since then, the Legislature in every session has backed my efforts to strengthen PE. Elementary students have 150 minutes of physical exercise every week. Middle school students engage in 30 minutes of daily physical activity for four out of six semesters, and PE is now defined in state law to make sure our kids are actually up and moving.

In 2007, Texas became the first state to implement annual fitness assessments of students' aerobic capacity, body composition, flexibility and endurance. Through data from the Fitnessgrams, we are learning more about the relationship between fitness and academics, behavioral problems, absenteeism and a host of other issues.

Nutrition is the other half of the obesity equation. Last legislative session (2009), we created a grant program to provide nutrition education for students in early childhood education settings and after-school programs. We also created a Healthy Food Advisory Committee to study and make recommendations on how to address the lack of fresh, healthy foods in underserved parts of our state, such as low-income and rural areas.



BEYOND HEALTH CARE REFORM: HOW THE LEGISLATURE HAS PLAYED A ROLE IN YOUNG TEXANS' HEALTH

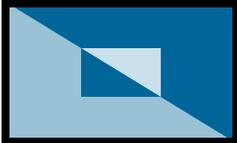
There have been some success stories around our state. In fact, Texas has gone from No. 6 to No. 20 on the list of states with the highest percentage of overweight students. However, we still have a long way to go to reverse these health trends. We need to get back to the basics of ensuring the health of our children by promoting nutrition, fitness and overall health in our public schools.

We can't allow an entire generation to grow up and live shorter lives than the previous generation. If we want our children to get serious about fitness, we need to get serious about making it a priority issue.

ABOUT THE AUTHOR:



Senator Jane Nelson (R-Flower Mound) represents District 12, including portions of Tarrant and Denton Counties. She is Chairman of the Senate Committee on Health & Human Services. Nelson was honored by the Texas Council of Child Welfare Boards as 2009 Legislator of the Year.



BEYOND HEALTH CARE REFORM: HOW CITIES CAN MAKE TEXANS HEALTHIER

**BY JOHN COOK
MAYOR OF EL PASO**

According to the World Health Organization more than 3 billion people worldwide live in cities. This is the first time in human history more than 50 percent of the population of the world lives in a city. The U.S. Census Bureau has reported that 80 percent of all Americans live in urban areas. These facts led WHO to dedicate 2010 World Health Day to urbanization and health.

As Mayor of El Paso, the 22nd largest and one of the fastest growing cities in the country, I am acutely aware of the impact urbanization can have on the quality of life of the families that make up our community. The health of the populace is an essential component of quality of life, but the very definition of what it means to be healthy is evolving. In 1948, WHO adopted the following definition: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."

More modern definitions include statements that are even more subjective and take into account the affects of the community, environment and stress. If we accept the more modern definitions of health, there is no question that Texas cities can, and do play a large role in improving the health of Texans.

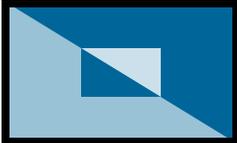
Texas cities have long provided the basic infrastructure for public health in the form of access to basic healthcare, immunizations, solid waste management, clean drinking water, sewer treatment, animal control services, recreational and fitness facilities. The effects of urbanization require municipal leaders to examine their policies relating to land use, development, transportation, energy and environment in a new light and consider whether we are creating sustainable communities that contribute to the general well-being of the inhabitants. The National League of Cities has stated:

"Sustainability is a defining issue of our time. Increasingly, citizens, elected leaders, and others are taking a closer, more critical look at the impacts of local, state and national policies on public health and the environment, both now and in the future."

I am proud to report that my colleagues on the El Paso City Council and I have solidly and consistently made sustainability a fundamental tenet of our policymaking. During our administration we have adopted land use policies and building codes with a focus on sustainable neighborhoods. We have invested in public transit and open space preservation, and we successfully led the community in a fight to prevent the re-permitting and operation of a copper smelter located in the heart of our community.

However, we are not alone in the quest to make Texans healthier. Texas cities have banded together to create the Texas Clean Air Cities Coalition. Fort Worth has created a model program that adopts a public health framework to deal with youth violence prevention. Austin has adopted a Climate Protection Plan with a goal of eliminating carbon dioxide emissions from all municipal activities by 2020.

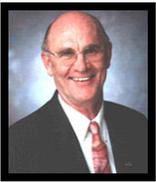
Dallas is purchasing 40 percent of its power from renewable energy. San Antonio has adopted the Mission Verde Sustainability Plan to formulate innovative approaches to green infrastructure, green retrofitting, green jobs programs, and green venture capital. Houston is the highest-ranking city (and the highest-ranking non-federal government entity of any kind) in the U.S. Environmental Protection Agency's latest Green Power Partnership roster of the nation's biggest purchasers of "green power."



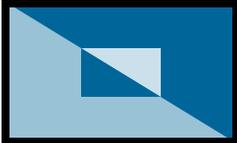
BEYOND HEALTH CARE REFORM: HOW CITIES CAN MAKE TEXANS HEALTHIER

Texas cities are leading the way in sustainability, innovation and healthy urban living. Our focus on sustainability will ensure that the Great State of Texas remains a healthy place to live, work and play for future generations.

ABOUT THE AUTHOR:



John Cook has served as Mayor of El Paso since 2005. In addition to working on many governmental committees and advisory boards across Texas and the country, Mayor Cook was president of the Texas Municipal League (2008-09) and currently serves on the National League of Cities board of directors.



BEYOND HEALTH CARE REFORM: A PROJECT TO SERVE THE UNDERSERVED AND SERVE AS AN EXAMPLE

**BY DR. ROBERT AUSTIN
PRESIDENT OF R.J. AUSTIN CONSULTING, DEVELOPMENT AND TRAINING**

As I began my career as a pediatrician forty-six years ago, children’s health care was concerned primarily with life-threatening conditions. We are now in an era in which threats to children’s good health are primarily environmental and social, producing costly chronic conditions. My conviction was that without significant changes these children would enter adulthood carrying the scars of inadequate health that would impair their ability to function optimally as adults.

What is Project Medical Home?

Project Medical Home (PMH) was developed to provide an accessible medical home to children and adolescents, and it is an answer to some of the most nagging questions plaguing health care providers in Texas and across the country: how do we provide quality health care to those most in need and least able to afford it? While preeminence of these questions underpinned much of the recent national healthcare debate, there is a program in Houston that has over the past decade incorporated the best in available healthcare for medically underserved communities.

Project Medical Home, by definition, “is not a building, house, or hospital, but an *approach* to providing comprehensive primary care that is accessible, continuous, comprehensive, family-centered, coordinated, compassionate, and culturally effective.” The family-centered principle is key to the medical home concept’s success.

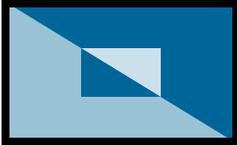
Why Project Medical Home?

As a part of the physician network for Texas Children’s Hospital (TCH), I was not satisfied with the level of access to care that most poor patients experienced. Drawing on my early work in upstate New York, the strength of the TCH organization and the potential promise of the national interest in the medical home model, I approached them with the medical home concept as a means of addressing very real challenges the hospital was encountering through the use of its Emergency Center (EC) for non-urgent care.

In 2000 when the first PMH collaboration opened its doors, the TCH EC was seeing 70,000 patients per year, nearly double its stated capacity. Of these visits, fully 80% did NOT require hospital admission and could have been addressed through an existing relationship with a pediatrician. In addition to the utilization, the cost differential was staggering, with an EC visit nearing \$500, as compared to an average \$125 for a visit to a pediatrician’s office.

I proposed a pilot program targeting the zip codes from which the highest EC utilization was originating, and out of the original 900sf location, PMH began serving children and building relationships with many families for whom the EC had been the ONLY primary care resource, possibly for generations. Ten years later, PMH has five centers serving 20,000 children. Analysis of cost and utilization data further validates the PMH concept as one effectively meeting community needs and easing the burden on local emergency centers.

Single EC Visit Cost	PMH Single Visit Cost	10 Year Avg. Annual Cost for PMH Care
\$500	\$118	\$345



BEYOND HEALTH CARE REFORM: A PROJECT TO SERVE THE UNDERSERVED AND SERVE AS AN EXAMPLE

In addition, the TCH EC experienced a 24.7% decrease in low acuity visits from 2007 to 2008 in the high utilization zip codes where PMH sites are currently located. This data represents a snapshot of the impact that PMH has been able to document after a decade of operation in some of Houston's most vulnerable neighborhoods.

While the successes of Project Medical Home originate in the largest city in the state, the health and wellness needs of children in *any* Texas community can be met through the PMH model. As healthcare expenses for municipalities, rural counties and other governing entities continue to rise, the PMH approach to managing these costs has a decade-long track record of effectiveness in minimizing both emergency center utilization and expense, while also having the added benefit of creating healthy communities, starting with their children.

Other communities throughout the state, whether urban or rural, that are experiencing rising health care and utilization costs can and should adopt the PMH model as a means of curbing costs and improving the quality of life for its citizens.

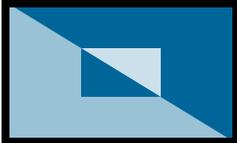
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2. PMH average three visits per year.

ABOUT THE AUTHOR:



Dr. Robert F. Austin has over 46 years experience as a pediatrician, teacher, administrator and mentor. He was instrumental in forging a collaboration between Texas Children's Hospital, Baylor College of Medicine, and Harris County Precinct One, to establish a health center which was the beginning of Project Medical Home. Dr. Austin has an appointment at Baylor College of Medicine in the Department of Pediatrics as a Clinical Assistant Professor of Pediatrics. He continues to serve as a consultant to TCH for the continued development of PMH.



BEYOND HEALTH CARE REFORM: PAST THE LABELS AND SHOUTING ARE ANSWERS TO HEALTHCARE

**BY JONATHAN H. LACK, MA, MBA
EXECUTIVE DIRECTOR OF THE HOUSTON WELLNESS ASSOCIATION**

The Health Care Reform Act recently passed by Congress and signed into law by President Obama will not lead to Armageddon, as its opponents fear, nor will it be the panacea its supporters claim. This bill's focus, for better or for worse, is on the financial aspects and broader coverage of health insurance. Since much of the new legislation does not go into effect for several years, no one can really be certain yet of the outcomes of this bill.

One thing is clear to me as the leader of a Houston non-profit with a mission aimed at helping companies, small businesses and other institutions reduce their health care costs and keep their employees healthy: in order to lower the cost of healthcare and meaningfully impact the overall health of the American people, our public health strategy must increasingly focus on wellness.

Now more than ever, we need to have an honest and open dialogue and a call to action regarding the roles of personal and community responsibility for health care and personal well-being. This is the kind of dialogue the Texas Lyceum, the 30 year-old non-partisan leadership group, will host at its second "Great Debate," entitled, "How Can Health Care Be Affordable for Texans?"

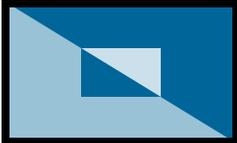
This panel, which will be broadcast statewide on PBS in May, will feature some of the nation's leading health-care experts from both the public and private arenas including Dr. Paul H. Keckley, Deloitte Center for Health Solutions; Dr. Pauline Rosenau, from the University of Texas-Houston, Health Science Center; Dr. Lovell Jones, head of the Center for Research on Minority Health at M.D. Anderson Cancer Center; and former acting FDA Commissioner Dr. Andrew von Eschenbach.

However, one does not have to be an expert to understand that our current system is based on a sick care model. We go to a doctor when we feel sick and leave either with a prescription or a recommendation for a procedure or surgery.

The reality is that this system was never designed to handle so many Americans with illnesses arising from life style and environmental factors like asthma, obesity, diabetes and heart disease. Until we begin to emphasize health care prevention, all of the increased health care coverage in the world will not truly solve the problems of the growing cost of health care, the deteriorating health of our fellow Texans and the subsequent loss of employee productivity.

There is no question about the efficacy of employee wellness programs. Indeed, some experts believe that these programs may save employers as much as three dollars for every dollar invested, making the need to build a culture of wellness in our community a true economic imperative.

In addition to increasing our nation's "sick care" coverage, the National Health Care Reform Act contains a needed prevention and wellness strategy to help communities and small businesses build their own employee wellness plans. The act also waives co-payments for wellness screenings for seniors on Medicare and requires certain restaurants to post calorie information, just to name a few of its strategies.



BEYOND HEALTH CARE REFORM: PAST THE LABELS AND SHOUTING ARE ANSWERS TO HEALTHCARE

These measures can only be effective if our civic, business, education and religious leaders find out what is available in both the private and public sectors when it comes to preventive healthcare and put that knowledge to use. Only then can we create a lasting and positive impact on our state and nation.

ABOUT THE AUTHOR:



Jonathan H. Lack, MA, MBA is the Founding Executive Director of the Houston Wellness Association and the Chair of the Texas Lyceum's Healthcare Meeting to be held in Houston, April 22nd-24th.