

Moderator: Welcome to Conversations on Healthcare, with Mark Masselli and Margaret Flinter. A show where we speak to the top thought leaders in health innovation, health policy, care delivery and the great minds who are shaping the healthcare of the future.

This week Mark and Margaret speak with Former Colorado Governor, John Hickenlooper, who is among the candidates running for the Democratic Nomination for the 2020 Presidential race. Governor Hickenlooper talks about his focus on expanding access to healthcare for all Americans and especially those in rural parts of the country; addressing the Opioid crisis and the nation's gun violence issue as well.

Lori Robertson also checks in, Managing Editor of FactCheck.org looks at misstatements spoken about health policy in the public domain, separating the fake from the facts. And we end with a bright idea, that's improving health and wellbeing in everyday lives.

If you have comments, please email us at [www.chcradio@chc1.com](mailto:www.chcradio@chc1.com) or find us on Facebook or Twitter, iTunes or wherever you listen to podcast. You can also hear us by asking Alexa to play the program Conversations on Healthcare. Now stay tuned for our interview Governor John Hickenlooper here on Conversations on Healthcare.

Mark Masselli: Welcome to Conversations on Healthcare I am Mark Masselli.

Margaret Flinter: I am Margaret Flinter.

Mark Masselli: And we are speaking today with former Colorado Governor John Hickenlooper, Democratic candidate for the 2020 Presidential Nomination. Prior to serving as governor, he was the mayor of Denver, Colorado and he is trained as a geologist. He turned entrepreneur launched a brewpub in Denver, which expanded nationally. He earned his undergraduate degree in English and his Masters degree in Geology at Wesleyan University. And while he was at Western University, he is one of the founding fathers of the Community Health Center which produces Conversations on Healthcare. Governor Hickenlooper, welcome to Conversations on Healthcare.

John Hickenlooper: Well it's so great to be with you and thank you for not just for having me on the show, but for all that you have done at Wesleyan which is a place that, it really is about innovation and entrepreneurs are people that create innovation and that's what you have done here. I would argue maybe it's no accident that the Community Health Center and your reach in so many of these facets of healthcare happen so close to a really innovative school.

Mark Masselli: Fertile ground here. Governor you have been traveling around the country and you have been talking to average citizens about your candidacy and one of the topics that comes that you were raised by a single mom, your dad died when you were eight years old. I am wondering if you could tell our listeners about your childhood experience and how they have formed your values and impact your campaign today?

John Hickenlooper: And it's interesting, the Roundtable that we had with some of the practitioners and clients at the Community Health Center, had people talked about adverse childhood experiences. My father got sick I was four; intestinal cancer back when they didn't really know how to deal with it; they just went in and kept cutting out more of it, but then he always had infections of one sort of another; just really a hard time for a kid. I just turned 8 when he passed away. It really took me a couple of decades to kind of process through that; I never really connected that experience to why I was; I had so little confidence, why I, even though I was an extrovert I couldn't go up and talk to the kids.

And certainly as we understand more about the psychology of adverse childhood experiences and how they have a long tail right, it is interesting to see places like what the Community Health Center is doing where you are merging together this notion that someone who is going to see a kid about maybe a dental visit or they have got a cold or whatever and yet right there on that day, they can see someone who is a behavioral specialist. I can't wait to see the data that you guys collect over the years of getting that rapid intervention and just having a difference. Clearly my gut feeling is it will make a huge difference.

Margaret Flinter: Absolutely. I am going to pivot a little bit if I can from that and I always appreciate your sharing, your personal story there I think it rings true with people. Everybody experiences loss, but you have made it onto Wesleyan that you went from English to Geology and you West as so many people have over the years; became a Geologist and were laid off and you did something incredibly creative started a brewpub back when there was not a brewpub on every corner of every major city. I have always admired how you created a neighborhood and then revitalized a business community and you took that national. How does that experience as a small businessman and then somebody helping other small business people kind of influence, what your thoughts are in this political campaign? What do you bring to politics from that experience?

John Hickenlooper: I guess in a funny way, we all are descendents of our previous experience and certainly when my mother was widowed twice before she was 40 and she would tell us you can't control what life throws at you, but you can control how you respond. When I got laid off in Colorado there were no other Geology jobs 10,000 Geologist got laid off, no one was hiring. That's why I had to do with that and my mother's lesson right and she never complained, she was just very flinty. And you know that model really served me well, because it took a couple years to get that brewpub started. We were the 12<sup>th</sup> brewpub in North America and people didn't know what it was. And so often with entrepreneurs that there really is white space out there; people haven't seen this before. You have to sell something, but it's the innovation, it's something they have never seen before so for many people it's hard for them to believe or invest in something that they have never experienced.

But those experiences of getting the other restaurant owners in lower downtown Denver to work together, collaborating and really building that neighborhood and then going up to the city and becoming Mayor and then getting all the suburbs to work with the city. We got all 34 Mayors to support a Transit Initiative right what we call Fast Tracks but you know 34 Mayors, 21 Republicans all support a major tax increase to build Fast Tracks as the most ambitious transit initiative in modern US history and we were united. Then when I ran for Governor in 2010, I became the First Denver Mayor in a 120 years to get elected governor, that's how wicked the animosity had been. But on a state level, we did the same thing, we said we are going to lift everyone up and we weren't going to leave behind the rural areas. By the end of 2020 Colorado would be the first state with high-speed broadband in every city and town. We have had the number one economy the country according U.S. News & World Report but we think for 2018, we will have the number one rural economy and I think that almost means more to me that we all one we want to make sure we don't leave behind some parts of our of our population.

Again one of the things about the Community Health Center Movement is you guys are pioneers in telemedicine, pioneers in making sure that we get good health care coverage in the rural parts of America. Your models of family nurse practitioners, telemedicine, they are ways of providing high quality excellence, but at the same time finding ways to do it in rural areas where you can do it and still be cost-effective.

Mark Masselli: Now I want to talk a little bit about healthcare access because it seems that through the lens of being raised by a single mother and I would say our experiences that single mothers have difficulty accessing healthcare, but also small businesses have to make decisions between investing capital and paying good wages and providing good benefits and that's been an historic problem. But the third point just talked about rural communities. How have those shaped your thinking about what you would like to see happen as you think about the country as a whole?

John Hickenlooper: I think America is transitioning to a place where healthcare is a right in this country. And where are those places where we have the greatest challenges in single moms obviously so often are working multiple jobs; certainly teenage mothers who are single moms.

One of the big programs we pushed in Colorado part of our healthcare has always been that women have authority, they get to control their own healthcare, that they get to control their own bodies. And remember there was a book when we were kids Our Bodies Ourselves is still in print.

Margaret Flinter: Still there.

John Hickenlooper: Right, but that's the foundation of that belief. We provided 15 to 25-year-old young women the access to total healthcare before the included family planning so they could decide when they want to have a family. If you

look at the statistics that have come out of this, again we have provided long-acting reversible contraception; we reduced teenage pregnancy and teenage abortion by 60%. So often before that intervention a young teenage mother of 17 or 18 would have a second child as a single mother before they turn 20; we really have interrupted that cycle.

In a very similar parallel way, small businesses have different challenges people don't realize how much harder it is to start a small business today. For the last 50 years, we have been allowing more and more mergers and more and more acquisitions we have had one more and more red tape and so the would be entrepreneurs are more and more choosing not to start a business. Think about hardware stores, it used to be, hardware store was a great small business people would have. 84% of the hardware stores in the country are owned by two companies. We have allowed these large corporations to dominate industry after industry for 25 years now. We have seen a decline in the number of new businesses created and that hurts jobs, it hurts upward mobility, it increases the income inequality that we have seemed to be accepting.

And that same structure, guess when you are talking about rural healthcare, the deck is stacked against rural communities as we have become more sophisticated in our healthcare. Some of these wonderful miracle scans and tests and images we can do, they are not available in far too many rural communities. Why are we allowing our rural communities to continue to fall further behind in broadband you know I am always, I was beating my chest; Colorado will have broadband in every city by the end of 2020 that's not happening everyone in the country. We have to look at not just to make sure that healthcare is freely available in rural parts of America but they are not paying through the nose for their insurance and their coverage which certainly in Colorado, we continue about that. Again Community Health Centers are one of the key constituents in providing affordable rural healthcare and in many cases it allows small businesses to offer portable benefits right in other words, their healthcare can go with them, portability, the affordability, the quality and excellence.

Margaret Flinter: I want to ask you about something that is on our minds almost all the time and that's the opioid crisis. In the last several years, it has burst upon the national scene, communities all over; certainly calls for a strong national response. And I am wondering what do you think we ought to be doing as a country about the opioid crisis?

John Hickenlooper: Well, first we have to recognize there were some bad actors in the pharmaceutical industry who convinced us that pain mitigation should be one of the highest most important elements of our delivery of healthcare. They also were persuasive, clearly that you can diminish this pain with no or very small risk of a --.

Margaret Flinter: And the provider in the field, absolutely.

Mark Masselli: I mean we got to call that out and I think there obviously need to be legal consequences.

John Hickenlooper: We need to address the reality that we are in a difficult period in this country where mental health issues have risen to the surface. 2012 when I was part of the National Governor's Association, myself and Governor Bentley of Alabama chaired Opioid Task Force. So making sure that your pharmacies, your drugstores, they are all connected it with technology so that, someone is trying to take one prescription and get more Vicodin or Percocet, they can't do that. How do you make sure people realize that the stuff sitting in their medicine cabinet can be stolen by their teenage kids and sold, all that stuff is real. But I think this epidemic of depression and it's all across the country, part of it is a function of our income inequality and how our system of capitalism has walked away from being a place where anyone if they work hard can have a chance to pull themselves up the economic ladder, we have lost that ability. I think it's also tied in somewhat with our embrace of technology and certainly within social media, there's a lot of suggestions that there are more haters and bullying in the classroom is much more prevalent than it was. We certainly need to begin providing more comprehensive behavioral health services in real-time.

Mark Masselli: You know I think you have rightfully connected the opioid and in the mental health issues together. And homelessness which you had a big initiative when you were in Mayor's office as well as Governor, maybe you can address both the homelessness but also come have out recently with the whole platform on the issue around guns and maybe take homelessness first, because you had a big initiative in Denver really trying to end homelessness.

John Hickenlooper: Absolutely, when I was Mayor, we made chronic homelessness a primary goal. In five and half years, we reduced chronic homelessness by 75%, we got the whole community focused on it, because it is a place where we have solutions that are cost-effective. I was spending \$40,000 to \$45,000 a year per person, for the chronically homeless and for \$20,000 year maybe even \$15,000 - \$20,000, we can provide the not only a small apartment but also wraparound services. So we can get them counseling for their addictions, we can give them, if they have got mental health issues we can provide them medical support. Job training I mean for the chronically homeless, job training is hugely important on that --.

And gun safety and this is just so sober that we are now, if you do define a mass shooting as four or more people shot in one incident, we are having just about one mass shooting a day; that should sober anyone. You know we are trying to take away people's guns and obviously in Colorado, we were purple state, we passed universal background checks and limit the size of magazines, but we want to go further than that. One thing I would like that you know the national's health collect data and treat this as a public health issue they been denied by Congress the ability but I mean we are not trying to take guns away from people, but if you are a teenager and you are coming of age you

want to be able to drive an automobile, you have to study for it and you take a test and get a license. I think 21 should be the right age for buying a weapon. And you should have to learn and demonstrate that you know how to handle a weapon properly and you will have a store, the firearms, but also the ammunition is safe, secure place. Basic blocking and tackling that would make our society much more secure.

And still there's a resistance to it again, the lobbying efforts behind making sure that no one is ever prevented from buying a gun, the moment they want to. Sure I mean again, almost one mass shooting a day, what more can you say.

Margaret Flinter: Well you are visiting a lot of people around the country, think it must be an amazing opportunity to be a candidate and have the chance to visit many community health centers and brewpubs, hopefully lots of other kinds of organizations and communities. If you would just share with us what are you hearing from people? What do people want to see happen in this country and what are they worried about it?

John Hickenlooper: It's so funny that you phrase it that way, because I was telling somebody that I feel that it's a great gift I mean really that I go into a stranger's home, in the center of Iowa and there are half-dozen neighbors there and within 20 minutes they are telling me their deepest fears and their wildest dreams. It's a level of intimacy that even running for governor, I have never seen. And it's in Iowa, New Hampshire, and South Carolina, these of the early primary states that the citizens really take their responsibility very seriously; that they are out here doing a job interview for each one of these 73 people running --.

Margaret Flinter: Maybe since --.

John Hickenlooper: Only 24 people running at this point, but I hear again and again healthcare, it is probably the first thing that comes up, there are less people you care about climate change, but often times they care about climate change and nothing else for good reason that were within 10 to 12 years of going into unknown territory right irreversible damage. But healthcare people care about your coverage and making sure their existing conditions can be taken care of, but it's not just that it's the inflation has spiraled, peoples co-pays are just going up.

And if I get elected president, I guarantee you I will sit down with all the key industries right, you have to have the doctors, the American Medical Association, you got to have the hospitals, you got to have the pharmaceutical industry, you get everybody in the room and say, we all have got to give a little, but there is no reason why a doctor in the hospital can't tell you what they are going to charge for tonsillectomy. We need transparency and again for 30 or 34 years the American people are subsidizing and paying a large part of the cost of medical research that creates these miracle drugs. Once it's discovered, the price support to make

that research possible are in place in the United States that the pharmaceutical companies can get paid for their research. Whereas you know if you are someone who needs insulin in Canada versus in New Hampshire the person in New Hampshire is paying 30 times more per unit of insulin for that medical drug that miracle drug --; and they have already paid their part of that research happening in United States. I think that has to change, it's going to take some level of government regulation to get back to a level playing field where the whole world is helping pay for that research.

The other big one and Mark started talking to me about this maybe 40 years ago, but the whole thing about our preventative healthcare and why don't we have a President's Council on physical fitness again; why aren't we playing up the importance of activities and recess and exercise, physical fitness, exercise our high schools and our middle schools are training kids at an amazing level to be of to memorize things and regurgitate. In a funny way we are almost a filter for the really institutions of higher education. But what we really should be doing is teaching kids stuff they really need to know, like how to work in groups, how to solve complex problems, how to innovate and how to be healthy, in other words, how to exercise and have a fairly simple exercise regime that they can take care of themselves. That has got to be a huge part of future of healthcare in this country. And in Colorado we have tied that to the Outdoor Recreation Industry.

Margaret Masselli: Thinnest state in the country, the leanest state.

John Hickenlooper: The leanest state in the country, but we want to make sure that any advantage that we have and I think a lot of that's in migration, people come and they love to hike so they come to Colorado. We want to make sure that we provide incentives and motivations so that people are more active so that down the road we don't get swept away by this incredible inflation of healthcare cost.

Mark Masselli: We have been speaking today with former Colorado Governor John Hickenlooper Democratic Candidate for the 2020 Presidential Nomination. You can learn more about his campaign by going [www.hickenlooper.com](http://www.hickenlooper.com) or you can follow him on Twitter by going to @hickenlooper. Governor, thank you for your public service and for joining us on Conversations on Healthcare.

John Hickenlooper: What a treat and thank you.

Mark Masselli At Conversations on Healthcare, we want our audience to be truly in the know, when it comes to the facts about healthcare reform and policy, Lori Robertson is an award-winning journalist and Managing Editor of FactCheck.org, a non-partisan, nonprofit consumer advocate for voters that aim to reduce the level of deception in U.S. politics. Lori, what have you got for us this week?

Lori Robertson: Social media post wrongly claimed that states legalizing marijuana also have legislated that those who use the drug cannot have guns. Actually a

long-standing federal law prohibits marijuana users from possessing or purchasing firearms as states continue to legalize marijuana for medicinal or recreational purposes those state policies continue to conflict with federal law that's because marijuana remains a Schedule 1 drug along with heroin, LSD and other and is therefore illegal in the eyes of the federal government.

Posts repeatedly shared on Facebook, however, distort the facts around the issue and how it relates to gun rights. The post claimed that state that have legalized marijuana have also barred gun ownership for those who buy or are prescribed the drug that is misleading, it's existing federal law, which dates back to 1968 that prohibit marijuana users from purchasing firearms. Federal law prohibits any person who is an unlawful user out or addicted to any controlled substance from shipping, transporting, receiving or possessing firearms or ammunition, regardless of whether his or her state has passed legislation authorized marijuana use for medical purposes is an unlawful user of a controlled substance. That means that such a person "prohibited by federal law from possessing firearms or ammunition."

Karen O'Keefe with the advocacy group Marijuana Policy Project confirmed to us that she didn't know of any state legalizing marijuana and then legislating to restrict gun access for those who use it. But state lawmakers have acknowledged, it is still a federal offense to possess both marijuana and a firearm and that's my fact check for this week, I am Lori Robertson, Managing Editor of FactCheck.org.

Margaret Flinter: FactCheck.org is committed to factual accuracy from the country's major political players and is a project of the Annenberg Public Policy Center at the University of Pennsylvania. If you have a fact that you would like checked, email us at [www.chcradio.com](http://www.chcradio.com), we will have FactCheck.org's Lori Robertson, check it out for you, here on Conversations on Healthcare.

Mark Masselli: Each week Conversations highlights a bright idea about how to make wellness a part of our communities and everyday lives. Of the 6.6 million births per year in this country over half are unintended and among teens those rates are even higher. Colorado has been conducting an experiment for several years to examine what might happen if sexually active teens and poor women were offered the option of long-term birth control such as IUDs or implants.

Dr. Larry Wolk: The word-of-mouth amongst these young women to each other and the network of support that was built to access this program through these clinics really did result in the significant decreases in unintended pregnancies and abortions.

Mark Masselli: Dr. Larry Wolk, Medical Director of the Colorado Department of Health and Environment.

Dr. Larry Wolk: The resultant decrease is in both categories, pregnancy and abortion, when you extend this out over an additional year more than 50% even



approaching 60% reduction in those unintended pregnancies and abortions.

Mark Masselli: There was a significant economic benefit to the state as well.

Dr. Larry Wolk: We have seen a significant decrease in the number of young moms and kids applying for and needing public assistance. We hope that then longer term this will translate into better social and economic outcomes for these folks. And amongst young women 15 to 24, we have seen a decrease in sexual transmitted infection and the rates are now below the national average.

Mark Masselli: A free long-term contraception program offered to at-risk teens and women trying to avoid the economic hardship of unplanned pregnancies, leading to a number of positive health and economic outcomes, now that's a bright idea.

[Music]

Mark Masselli: You have been listening to Conversations on Healthcare.

Margaret Flinter: And I am Margaret Flinter.

Mark Masselli: Peace and health.

Moderator: Conversations on Healthcare is recorded at WESU at Wesleyan University, streaming live at [www.chcradio.com](http://www.chcradio.com), iTunes or whatever you listen to podcast. If you have comments please email us at [www.chcradio@chc1.com](mailto:www.chcradio@chc1.com) or find us on Facebook or Twitter. We love hearing from you. The show is brought to you by the Community Health Center.