



## Governor John Hickenlooper Keynote Address

General Session: Keynote Speaker

Wednesday June 6<sup>th</sup> 2012 11:50am – 12:30pm

Paepcke Auditorium Walter Paepcke Memorial Building, The Aspen Institute

Speaker:

**Governor John Hickenlooper**, the state of Colorado, U.S.

Scribe:

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AMY MARGERUM: Good morning. I'm Amy Margerum, Executive VP of the Aspen Institute, if I haven't already met you. On behalf of The Aspen Institute, the GSWS, and the greater community of Aspen, I'm thrilled to introduce Colorado's governor, John Hickenlooper. John is a geologist turned brewpub pioneer who had never run for political office, not even student council - I'm always telling my son its best not to peak in high school. By the way if you're from Aspen, the people of Aspen would appreciate that I think he got interested in politics when he first ran for mayor because he was upset over the rates they were charging in parking meters and he walked around downtown with one of those change machines on and was putting money in the meters while getting his message across. I think that he was sort of a young Warren Buffet with this change belt on feeding the meters. It was really this capacity for him to get his message across while creating a vision, and at the same time getting things done, which got John Hickenlooper elected first as mayor and second as governor of Colorado in November of 2010. He took office 2 months later and his ambition for the state is even bigger than his name. Governor Hickenlooper, drawing on his diverse background as a Quaker-raised geologist, explorer, and entrepreneur restaurateur, is bringing very bright, creative leadership, and innovative thinking, to the state capital. His boundless energy and western spirit of collaboration is generating tremendous optimism and confidence for Colorado's future, and for the future of our nation. Welcome Governor Hickenlooper.

[Applause]

GOVERNOR HICKENLOOPER: Thank you, Amy, for that boundless introduction. But I wasn't Quaker raised, just to be clear. I married a Quaker that's very different.

Thank you to the Institute and also the Board of the Global Spa & Wellness Summit for inviting me here.

You know, Albert Einstein said that imagination was more important than knowledge, and I can't think of any place where that is more important in this moment, than in all the issues around health and wellness.

I think we see the projected rates of growth, of what's happening around healthcare for the next ten years, as roughly 6% per year, far out-shocking the rate of growth of our GDP. And I think as we look at the landscape of what we should be concerned about, obviously right now, I would guess that 49 out of 50 governors and the vast majority of senators and legislators are concerned about jobs. Not just the state of the economy, but the vectors of momentum in the world, where we are seeing the U.S. supremacy in the world economy seriously challenged. And for the last 60 years there has been a level of success that we take for granted. We don't recognize, if you add it all up, how many trillions of dollars has come out of our economy. That has allowed us to live in a fashion that literally no one else in the world does. And yet within all that, we see the rise of India, China, and I think even more powerfully, Turkey and Brazil, that are successful in creating jobs and having those jobs generate very high quality lives. The luxury to invest ourselves in all kinds of pursuits of happiness is seriously challenged. If you step back and say, "Well jobs are going to be the large issue here." Where are the things that are going to keep us focused on our jobs? Or really provide challenges in making sure that we continue to succeed, and that our kids get jobs and that we support the entrepreneurs.

If you listen to that hum in the distance, sometimes you think that's the ventilation system, but really that sucking noise is the drain on our economy, on the healthcare system.

There's a wonderful book out that talks about jobs called, [\*The Coming Jobs War\*](#) by Jim Clifton. He lays out examples of how this country has faced these challenges around jobs before. 35 years ago, when I was kid, the GDP of the U.S. was roughly 3.5 billion

dollars, but have you looked at the creative growth of what Japan was doing, what Germany was doing? When I was in school, those years before then or after then, people continually said it's roughly going to take 25 years before Germany, especially Japan, overcomes us and, not only begin to outperform us, but dramatically outperform us. There were articles in the 70s and 80s about this on a pre-regular basis.

Obviously that didn't happen. Our economy right now is 15 trillion dollars; we're roughly 25% of the world economy. Those projections, 30 years ago, thought that the rate of growth we would have were 8 or 9 trillion and I think Japan was 11 or 12 trillion. These days, we're seeing the same kinds of projections for the relationship between India and China. Our positioning will be reversed in the next 20 years. India or China will have 25% of the world's GDP and the U.S. will be reduced back down to a much more modest level, 8%. If we're going to address that, I think Clifton is absolutely right, I think federal policy will have some effect, but the really importance is going to come down to cities, counties, and states in terms of how this gets implemented.

I think that healthcare is again the single, largest obstacle for us to be able to work out the other issues, this evolving jobs war. **One of the greatest things, one of the things that Clifton makes a point of, is that jobs aren't coming from innovation. What we're really short of are entrepreneurs.** I had a friend in college named Adam Billis that said good ideas are a dime a dozen, it's getting them done that makes a difference. I think that's true around jobs. By the time a kid is 15, we are pretty clear on whether they have the potential to be an NBA or NFL player. We know very clearly which kids have a high probability of becoming an IQ wizard, going to Harvard, Yale, or Stanford. We have no idea which kids have those core characteristics that are going to make great entrepreneurs, and we have even fewer ways of trying to coach them and bring that out of them, that being those core characteristics in which entrepreneurs display; optimism, resilience, and intense diligence. And again, I think that's part of our challenge in healthcare, is that we are spending so much time looking at who's going to pay. If you look at the Affordable Care Act, a big part of that is really who is going to pay, rather than having the incredible sense of urgency, that I feel, of how we are going to control those costs.

I'll tell you an interesting antidote. I was at a fundraiser recently for President Obama and the woman who introduced him was from Durango, Colorado. Some people

referred to her as an “underground mayor” of Durango, Colorado – a remarkable woman. She was one of those people who wouldn’t have been covered if not for the Affordable Care Act. She got a very wicked form of cancer last year and certainly would be dead now if it wasn’t for the Affordable Care Act – she believes that. And when she did the introduction, she wrote up her remarks and sent it to the Obama campaign. She wanted to say, “If it was not for the Affordable Care Act, I would not be standing here today and that’s why it gives me much pride to present the President of the United States, Barack Obama. The campaign sent back, “take out the Affordable Care Act, call it Obama Care,” which I thought was a fascinating thing. That the campaign is going to take the risk and reach out after all the attacks on Obama Care and really embrace it. When I look at Obama Care, I think the parts of it that are the most relevant aren’t so much the pair models of building the infrastructure, but how do we begin to control this incredible cost escalation we have. **Of our GDP right now of roughly 50 trillion dollars, I think it’s roughly 2.5 trillion dollars that’s in healthcare.** The fact that it is so large, when you look at that escalation of 6% each year, it’s going to be growing incredibly. I think the challenge isn’t by being in a country where we have this luxury to devote more time and more resources to healthcare than anywhere else. To a certain extent, that has prevented us from really taking out the calipers and looking at every detail of how we are spending that money.

**Basic facts: we spend roughly \$8000 per person per year in this country. Yet you can go to countries like Great Britain, Canada, Australia, France, Germany and they’re spending roughly just \$4000 per person and they’re having better outcomes.** They have greater longevity, infant mortality is at a lower rate, and by almost all measures, their quality of life is far better than what we have in this country. We have issues that we haven’t sufficiently addressed, like the remittance into hospitals for infections. I’m not someone who is a disbeliever in hospitals, but if you look at the challenges we had two years ago, there were a couple of estimates that around 100 people died in hospitals through medical error. That’s been debated and there has been a lot of pushback but, however you cut it, that’s a significant number. If you look at that projection of six years growing at 6%, we’re going to end up with a healthcare bill of 4.5 trillion dollars. These are trillions of dollars. And over the course of that 10 years were going to have to come up with an additional 10 trillion dollars. And frame of reference, fighting two wars in Afghanistan and Iraq were roughly 200 billion dollars per year.

People say we have to end those wars so we have enough money for healthcare, but the sense of scale is completely wrong. I think what really needs to be done is to begin breaking it down. **Where are those costs? According to the Center of Disease Control, roughly 75% (of those 2.5 trillion dollars) of our healthcare costs are going towards behavioral related disease and illness—like diabetes and heart illnesses that are directly a result from obesity or overweight and sedentary lifestyles.** Things that you would think wouldn't be that difficult for us to deal with. I think over the next 10 years, if we've got any hope of really addressing this, we have to be much bolder in how we address these issues around lifestyle and the psychological behavioral aspects of how we live. At the same time, escalate our sense of urgency in such a way because this is compounding at such a rapid rate that we don't take into account what the real consequences are.

In Colorado alone, we look at obesity and illnesses (directly related to being overweight) as a rough cost of 1.6 billion dollars per year. And this is a state where we are struggling on a regular basis to figure out if we can really afford another 8 million dollars in our state budget for education, a pilot program on education, or whether we can generate 60 million dollars a year to really finish the bridge and road projects that haven't been done in a long time. Just for a frame of reference, when we say 1.6 billion dollars, **we are the leanest state in America. Before somebody gets injured patting them on the back, I do want to point out, that is not because of the programs we have in Colorado. It has a lot to do with the fact that so many young, outdoor-oriented people are attracted to live in Colorado because of the Rocky Mountains.** The investments that many of the communities here have made, and Aspen is a perfect example, like walking trails and biking trails have provided portals to a much more active and vital lifestyle. **I have been in office now for 1.5 years, and we are hopefully, in about 6 months, creating a plan where we want to transform Colorado into being the leanest state and make it without question the healthiest state.** Again, as I described what Jim Clifton said with jobs and as well with healthcare, I don't think it's going to devolve from federal policies. They are great for foundations and for benchmarks, but the real responsibility lies with us. Both in terms of municipalities, towns, cities, and counties, but also in state governments, and how well we're able to weave together those constituencies and organizations so that we can really dramatically expand our effectiveness with the same dollars.

One thing that is clear is that with that huge “through flow” that we have on healthcare now, it’s making it more and more difficult to get discretionary pulls of money that we can put towards prevention in terms of marketing. That is a very real issue that is only going to get exaggerated if we don’t expand our sense of urgency around this issue. I think that study after study shows that your kids will do better in school if they are healthy. A number of studies are coming out now that if kids do aerobic activities on a regular basis, not only do they pay attention more acutely, but there is a stickiness of how they retain facts and concepts when they have been exercising. That is stronger than kids that live a more sedentary lifestyle. With this incredible push that we have had on for the last 10 years for results the one thing we’re cutting out on irregular basis is Phys.Ed. and shortening recesses. If these studies are right, and I think there will be enough pretty conclusive evidence coming out over the next 36 to 38 months. **We’ve been making decisions that are actually hurting us on a couple different levels, not only are they increasing the risks of healthcare costs downstream, but they’re also hurting the problem they are trying to solve, which is trying to get kids to do better in school.**

I think by every measure, when we talk about my primary focus being about jobs and Colorado is never going to be a place that we are going to offer incentives for large companies to move here, but I do think that we can create an identity, a brand, that Colorado is the most pro-business state. Because it’s Colorado, we are going to hold ourselves to the highest environmental standards, the highest ethical standards, but will be doing so by branding ourselves that way. We can be very attractive to entrepreneurs on both coasts throughout the country as a place where they would want to come and start a business, and not just start a business, but build a family and a life. That’s never going to happen if you don’t have a fairly robust solution for healthcare. I think one of the hopeful things that we have seen is that there are a number of states now; Vermont, Oregon, and Massachusetts, that are much in the news for their healthcare solutions.

A number of states are beginning to experiment, “What would that look like?” Let’s put aside for a moment what the Supreme Court is going to say in the next few weeks about ObamaCare and begin thinking about, “well if that wasn’t there, what other things should we be doing? and how do we bring in more resources and really focus our energies there?”

There's a statistic, one of our staff gave me last week. **Scientists are beginning to recognize more than 60,000 ways the human body can begin to fail. I love that statistic. What an absurd, ridiculous thing to be out trying to measure. I think what's interesting is that we have a treatment, or preventable approach, for almost every single one of them.** And yet if you look at it, the number of people that deal with those treatments, or are willing to engage and follow those treatments, are minimal. That's what you want to risk if you're in elected office, saying, "well we need to all do this, and pull together, and take care of ourselves," and that allegedly is one step away from the nanny state.

Yet, I'm not sure what else is going to happen. Every atom of my being resists this notion of some things that Mayor Bloomberg was trying to push in New York, these large helpings of super sweetened soft drinks. If we don't start looking at things like that, the costs are going to be enormous. **The notion that this country is going to allow hundreds of thousands of people to die miserable deaths untended is inconceivable. Somehow we're going to have to figure out some way to pay for this, if we don't dramatically change the input of the healthcare system.**

I had dinner a few months ago with Secretary Sebelius, of health and human services in the federal government. Governors always have a relationship with cabinet secretaries. Our job, to a certain extent, is to whine and complain of the miseries and unfairness from one state to another. (And I think Secretary Sebelius is one of the best governors in the country – a remarkable person and a gift to the community.) I'm sure this room is roughly even, Democrat and Republican, but whatever you say about Obama, he has put together a remarkable cabinet of incredibly talented people that are really managing the government workforce like never before. I said to Secretary Sebelius, "Well we kind of want to do this. We are going to need a waiver for that and here are some things we are trying to lay out. We know that would put you guys in a difficult spot." And she says, "That won't put us in a difficult spot. You lay out a comprehensive, integrative plan by which you can dramatically expand coverage, by which you can significantly improve outcomes in a way that will control costs and we'll give you every waiver that you need. We'll give you whatever needs to be done to make sure that that kind of approach can be replicated in state after state."

And I think that's our challenge and our goal with all of you here. Certainly in states like Colorado that challenge is small enough – you can think of it as a laboratory – where we really can begin some of these behavioral approaches to people's lifestyles

and intercept these behaviors in children at the earliest ages. **I think that if we can begin to treat Colorado, and other states like Colorado, as these laboratories and increase sense of urgency, perhaps there is hope.** Otherwise, we are all doomed. That's a joke – just a joke – don't want to be an elected official talking about doom and gloom. I have had two budget analysts, the first two years we had difficult budgets, and so they affirmed to each other and became known throughout the administration as “doom” and “gloom.” Anyway, it isn't all doom and gloom, **I think that we have the knowledge that is out there, and it's not political will, its community will, to make some of these investments and difficult decisions, to really push hard on this.**

The less I speak, the more time you have to ask questions and I think you will probably get more out of asking questions than me rattling off statistics.

[Pause]

No questions, so I'm done!

[Applause]

AUDIENCE MEMBER: If you could just speak a little bit to the specific challenges regarding healthcare in the lower income communities of Colorado and what you have planned to address this issue.

GOVERNOR: To go through the entire list of challenges in lower income areas would take more time than any of us have. But the obvious ones, on the parental side, with so many people working two jobs and trying to raise a family, the ability to work out, to keep physically fit, the opportunity to cooking home meals and not have to get prepared foods which are very high in fats, starches, sugar, salt - you can go down that list. That's the most basic and obvious challenge. People talk a lot about “food deserts,” in low income communities. It is hard to get access to fruits and vegetables that are fresh. I think the greatest challenge within those communities and within the culture is the emphasis on survival and maintaining those jobs (and generally low paying jobs), that our efforts to build up a consciousness around what a healthy lifestyle we have not figured out. And so kids in lower income communities are much more likely to skip meals, to eat food that is less nutritious, has more fats and sugars in them, and there's an acceptance of that, which is on any level, disturbing to anybody.

This becomes compounded by the question of, “What is there proximity to healthcare?” I think that one of the really profound things, that didn’t manage to remain in ObamaCare, was the fact that every individual should have a medical home somewhere. You look at lower income communities and see that they’re farther and farther away from a medical home. This becomes especially exaggerated in rural areas. We have large parts of Colorado where we just don’t have the number of clinics and hospitals and medical personnel to deliver that medical home to all individuals. What’s most challenging to me is the fact that, if we are having such a difficult time dealing with the healthcare of the entire population, how are we going to be successful dealing with populations that already have so many steeper hills to climb, and hurdles, in terms of how they change their behavior, than the broad cross section of the population?

AUDIENCE MEMBER: Speaking of changing behaviors... Right now there is a political issue, as you well know. How do we reach those people who don’t understand the fact that it is not who pays for it, it’s a matter of how we get people to work towards prevention. How do we keep and how do we convince people politically because that’s part of the problem. How do we convince them that we really have to do *real* prevention, *real* hard work, in exercising rights, etc., instead of worrying about who’s going to pay for what and when?

GOVERNOR: I went to a little liberal arts school in Connecticut, called Wesleyan, thought I was going to be a writer and I took a bunch of literature classes and creative writing. There’s a teacher there, Paul Hogan, who walked into class one day and said, (I used to be in the restaurant business), **“Everything’s been said, but not everything’s been said superbly.” And even if it had everything, it must be said freshly again and again. We have not taken on that task of how we say this is in a way that kids hear and a way that people from low income communities hear - so it sticks.** Just because we have failed a few times, we shouldn’t quit.

That brings me back to my emphasis on entrepreneurship again. We’ve got most of the cures and the ideas. What we need to do is a figure out a way to bring in entrepreneurial energy. I mean entrepreneurs really are the conduit that takes ideas and capital and a workforce and creates enterprise. I can’t believe there’s not a way we haven’t found yet. We’ve got some really smart people throughout Colorado working through trying to think about how to change this entire dynamic. And what are the ways, is it social media? Is it Facebook? YouTube? Are there ways to do it

through the institutions, school districts on a state wide basis? Health care providers, primary care providers? Is there a way to knit together first responders? Fire departments? I've never met a fire fighter yet that wasn't pretty fit, at least until they got to that upper level desk job. (Now I'm going to get in trouble - that was just another joke.) Maybe there's a way - since we have less fires, and buildings are safer, and more fire retardant, and the fire fighters have more time on their hands. Maybe they should be at schools - as an extended school day? Why aren't we having athletics at all of our public schools and having fire fighters as part of a conduit making sure that we have those coaches without having to raise all the money. I mean those are kind of the "out of the box" ideas that popped up over the last six or eight months.

How do we return recess? There is a group in Middletown, Connecticut, an organization called [The Community Health Center](#) that an old friend of mine started years ago. He has a program there he's trying to promote called "Recess Rocks" and they're trying to get kids to dance at recess starting from 2<sup>nd</sup> or 3<sup>rd</sup> grade all the way through high school. Again how do you get that done? The idea is a great idea but they haven't been able to get the complete buy in yet. So there is no silver bullet in this yet but we are a country that has created. I won't go into some of the travesties that people have been induced to buy - pet rocks or talking ferns, but we can market almost anything, so we should be able to market good health.

AUDIENCE MEMBER: This is really more of a comment rather than a question, but it ties into what you were just saying. I would challenge my colleagues at The Aspen Institute and places like these to help facilitate you do your job, you and other governors. What you have been talking about mostly here is prevention and we know the power of prevention. It's right in front of us. We have to collect that data and make that case because one of the huge problems here with ObamaCare, as we can now call it. Was that it was hard to get prevention to score by the Congressional Budget Office? Part of it is that there are time windows, but there is other stuff out there too. A lot of this actually can fit the muster of economists and a lot of these things pay for themselves, and so when we have that data, we can go meet with the congressional budget analysts, we do so anyway. Convince them on better models, that there are some prevention things that can score, that will open up a whole world for you and it opens out the public private partnerships. You're saying, how to fund this? It touches into what the former President of Costa Rica [Jose Maria Figueres] spoke about yesterday; basically you don't have to have government paying for all of

this, and that's not going to happen in a state like Colorado necessarily. But you can say "Hey we have the data that shows this will pay for itself in 3 years or 5 years or 7 years whatever." The data is there. Let us give it a try. You get insurance companies and next you get adventure capitalists in, and how much is government spending, not very much.

GOVERNOR: Well the next step from that is some of the private companies. I'm sure someone has talked about this, like Safeway. There are a number of private companies that are offering incentives to a workforce. If they're smoking, to quit smoking; if they're overweight, to work on reducing that, controlling their caloric intake, doing more exercise. We're walking on a similar plan with state employees which again, given the diverse nature of all the agencies, it's going to be a little more challenging, but all the more reason to do it and then show what works as those programs begin to demonstrate real cost benefits. I think those are going to be great examples on a localized level that will help people see the cost benefit.

When I first got elected mayor - I used to be a geologist and I got laid off back when our company got sold in 1986 and opened a brew pub in 1988. (I guess I wasn't that good of a geologist it turned out), but when we were first opening the restaurant one of the things that we saw all the time was the increasing number of homeless people that used to hang around downtown Denver. So, when I got elected mayor, we put together a ten year plan (we were one of the first cities to do so) to end homelessness and one of the things we saw was that the chronically homeless constitute the lion share of the cost. A chronically homeless person is someone that has been homeless for more than six months or had multiple repeated episodes of homelessness. In the previous three years, their average cost in metropolitan Denver was roughly 40,000 dollars per person per year, and a big chunk of that was healthcare costs. These folks had mental illnesses or they had addictions. Often times they're emotionally fragile, they thought somehow society had given up on them. If we could fight through and get an employer to give them multiple, two or three, or sometimes, four or five, chances they fall off the wagon. But, they get to come back and, all of a sudden, they flip, and become great employees, great citizens. Often times they were dishwashers or are working in a call center, working for a construction firm, handling telephones. They would subsidize them with, I think, 4 or 5 bucks an hour so they could afford their apartment stay, but they had that social framework that allowed them to stay on their meds or make sure they went to counseling. Suddenly that 4 dollars an hour

subsidy we gave them was a fraction of what we've been giving. That eight thousand dollars a year verses what we've been spending which was 40,000 dollars a year, and I think there is some great potential. **When you look at some of the large costs in Medicaid, a lot of it is people that have been chronically homeless or in and out of homelessness. By giving them a shelter and just enough support so they can get job training, we can get them into a job and we can dramatically reduce that costs.** When we're talking to health and human services, there's an agency now in Washington called the [US Interagency Council On Homelessness](#), that kind of facilitates between the veterans administration, between HUD, between health and human services. And we're trying to figure out, "How can we harvest those savings, which are largely in federal dollars, Medicaid, sometimes Medicare, and put them towards providing these much more minimal services that allow these folks to stay in good health?" I think we're making real progress, by the end of this year we're going to have a couple contracts, as pilots they're going to be able to demonstrate that we are going to actually do the preventative work up front. The light costs of social services. And be able to really measure that that is the savings, and that part of that savings should go to provide those services. Famous last words.

AUDIENCE MEMBER: This is a perfect question for you as a geologist. In terms of the water policies here, in terms of geothermal use for direct use, geothermal in terms of health, there is nothing more preventative than a nice warm bath, and Colorado is blessed with so many resources. What are you doing in that effort, in terms of the environment, especially perhaps using these geothermal services for healthcare? Is there a plan for that?

GOVERNOR: We talked about laying out those components, about making Colorado the healthiest state, and creating that brand. We were not ignorant of all the hot springs we have and, in many cases, how underappreciated and under marketed they are. We certainly saw that, as I mean one of the big issues of health care is tied to stress. It's not just overweight, but that stressful living that people at all economic levels put them through. **I think there are some blended solutions that would allow us to incorporate a hot springs or other ways of slowing people down. Meditation, right? I mean you get into a lot of trouble, elected officials saying that there's material benefit to meditation, but study after study shows it. If you take the time out each day and just clear your mind using whatever technique you want, statistically, you're probably going to live longer, right?**

**It's amazing that everybody doesn't spend twenty minutes a day, but we don't. Quakers do... As my wife could tell you.**

AMY MARGERUM: I think we will let our fearless leader here, Susie, have the last word.

SUSIE ELLIS: Our audience here represents almost 40 different countries, and I was just wondering if you might want to comment about any other countries that you might be aware of whose healthcare system might be something to emulate.

GOVERNOR: How about almost any country? I'm not sufficiently versed, there are probably other people here that can give you better detail, examples of where to look. Obviously Europe, and I don't think it comes back just to socialized medicine or single payer, it really has to do with attitudes about healthcare. If you go to European cities, look at how many people bicycle to work and how it is done properly, like Copenhagen. I some years ago had a tour of Copenhagen and met with the retiring head of planning in Copenhagen. Europe has always been into bicycles and this is the United States, it's not going to happen here. After World War II, in the early 1950s, as automobiles became more affordable and more people started driving them, they saw how congested their downtowns were becoming, because they had all these narrow winding streets. They also saw, and this is documented, that it became a more sedentary lifestyle and unhealthy. On those two basic parameters they started a series of three-year and five-year plans in Denmark where they would take a city like Copenhagen and say "Alright for these three years we're going to try to do more bike paths." And not bike paths that are right between parked cars and traffic; they moved all the parked cars away from the curb and the bicyclists ride between the curb and the parked cars. In every park, in every green space, they use this as a place to get bicyclists completely away from the intensity of traffic and let them have a calming, much more relaxing commute to and from work. I don't know if you've spent any time in Copenhagen but I've looked at the statistics. The days I was there it was cold and wet, kind of sleety; it was not what I would call great biking weather. It was like a really cold version of Portland (I say that only because Portland has the single best biking system in America and I'm bitterly jealous). In Copenhagen now, 40% of their commuters going in and out of work every day on bicycles and its healthier, cleaner, all the various issues you want to care about work there.

I think those are the countries, and that's standard in Europe, standard in other various parts of Asia. Not all of Asia but in certain parts of Asia, they are really beginning to focus on that. I think one of the interesting indexes of prosperity is to look at people's happiness. **I'm sure you have all heard about Bhutan. Bhutan has a happiness pole that they do every year and they measure their elected officials on how happy people are, the thought being that if you don't have enough to eat, you don't have a place to live, you don't have a decent job, you're not going to be very happy.** And there a number of different studies now, Gallop and a couple of other pollsters, looking at happiness coefficients all over the world. Really trying to look at where you are getting the biggest bang for the dollar. **What's fascinating is that countries that are the happiest do not have the highest GDPs by any stress of imagination.** Many states measure in the middle of these things. Some countries like Mexico have a very high happiness index. It's not our impression of Mexico, we think about the violence along the border, but that's relatively a small percentage of the population. Most people in Mexico love life more so than we do even though their GDP per person is probably a tenth of ours, or perhaps even less than that.

**So those countries with the best health care systems are also the ones that have a more integrative approach to peoples' pursuit of happiness. That includes wellbeing.** You're not going to, if you're overweight, be as a happy as someone who is in shape. And that's speaking of someone who was a very skinny person who has developed a pot belly in the last three or four years. The hardest thing is why are these big challenges? How much fun is it to sit on a treadmill, walk or ride a bike in a room because you have so much work to do? I don't know about you guys, maybe you find that engaging. I think even jogging through a park is like going to see the dentist. I find that incredibly boring and yet I understand how important that is and have to get that awareness into everybody or else.

AMY MARGERUM: Colorado is not only blessed with a beautiful environment, but we have a great governor, so thank you so much for coming in today.