Building Bridges:
Achieving a Community-Valued Approach to Personalized Health Care
Introduction and Acknowledgments

The Utah Personalized Healthcare Consortium Team held a Symposium on Monday, March 31, 2014 at The Leonardo and Tuesday, April 1, 2014 at the University of Utah Guest House in Salt Lake City, Utah. The Symposium represented the joint efforts of contributions from the academic, healthcare and community members on the Team. This publication contains an overview of the Symposium presentations, discussions and working group findings. These were designed to address the state of healthcare as it meets the needs of individuals and communities, and engage participants in forward-facing strategizing to achieve optimal health.

While many people contributed to the success of this event, special thanks is warranted for members of the Utah Personalized Healthcare Consortium and especially to Heather Aiono, M,Ed., and Connie Barth for attending to the planning and management of the Symposium and for compiling these proceedings. We are also indebted to all of the presenters, facilitators, discussion leaders and participants who generously contributed to this process.

This Symposium was meant to be a beginning, based on the premise that there is much to be gained by bringing together the perspectives of individuals with expertise in the science, operations and utilization of the healthcare system. The success of this Symposium will be based on how the ideas and recommendations lead to moving our healthcare system to being responsive to the needs of patients and reflective of the values of the communities that it serves.

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Chair, Utah Personalized Healthcare Consortium
Professor and Chief, Division of Public Health
Department of Family and Preventive Medicine
Co-Director, Community Outreach and Collaboration Core
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The Utah Personalized Healthcare Consortium hosted a two-day multi-stakeholder symposium March 31-April 1, 2014 in Salt Lake City, Utah. The purpose of this event was to promote communication and collaboration between constituents of healthcare, research, and the community as we advance toward healthcare transformation. There were 143 participants representing these domains in attendance.

Overview

Discussion themes for the symposium evolved from the following topics:

- What is Possible in Health? Dreams and Realities
- What Resources Do We Have to Create Optimal Health?
- How Do We Afford This?
- What Are the Ethics of the One vs. the Many?
- How Do We Overcome Health Disparities?
- How Does the Public Help Create the Health System of Our Future?
- How Can the Community be Engaged in Research?

The possibilities to improve our health system centered on utilization of personalized medicine, prevention methods for individual and population health, systemic change starting with employers providing time to employees for exercise, improved education on wellness for both clinicians and the public, incentivizing wellness, utilizing existing technology and eliminating waste in healthcare systems. Resources identified that are available to create optimal health include research institutions, the Utah Population Database, patient-centered teams, information on prevention, collaboration, technology, data sharing and implementing policy changes to promote wellness. In addressing the issue of affordability and containing costs, the conversation focused on the need to focus on prevention and wellness, as well as ensure the patient receives care from the appropriate provider (e.g. primary care vs. specialist). Eliminating waste and improving transparency were also indicated to be important.

What is Possible in Health? Dreams and Realities

<table>
<thead>
<tr>
<th>Personalized Medicine</th>
<th>Health Education through Patient care</th>
<th>Prevention through Population health efforts</th>
<th>Systemic change Focus on Prevention &amp; Incentivize wellness</th>
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<tr>
<td>Genetics</td>
<td>Patient care</td>
<td>Patient responsibility</td>
<td>Time provided to employees for exercise</td>
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<td>Individualized care plans</td>
<td>Personalized data and resources</td>
<td>Lifestyle choices</td>
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<td>Public education systems</td>
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Technology Utilization to improve health & wellness of populations

| Collaboration, information, and data sharing among providers, systems, researchers and patients | Improve clinician education for prevention & wellness rather than a system of illness treatment | Eliminate waste throughout health care systems |

What Resources Do We Have to Create Optimal Health?

| Research Institutions | Utah Population Database | Patient Centered Team | Technology | Preventive Information | Data Sharing | Collaboration in Research | Policy Changes to Prioritize Wellness |

How Do We Afford This?

| Focus on preventive care | Eliminate Waste in healthcare | Financial Incentives for Wellness | Policy Changes in Reimbursement | Ensure the right person provides care | View Research in terms of an Investment | Increase Patient Responsibility for own health | Coverage of Preventive Services |
The community component was discussed in relation to ethics, overcoming disparities, and engaging the public in research as well as creating our future healthcare system. Preventive care, personalized medicine, community engagement, and sharing of data were identified as important in these areas.

What Are the Ethics of the One vs. the Many?
In the discussion on ethics, preventive care and message tailoring were viewed to be essential at both the individual and the population level in order to reduce the burden of disease. Important discussion points included:
- For the individual, personalized testing in order to identify effective care, and avoid unnecessary treatment
- Community engagement is essential to understanding health disparities among populations
- Ethically, it’s imperative that we share data with the community that provided the data

How Do We Overcome Health Disparities?
Establishing a personalized health care system will most likely reduce health disparities. Key discussion points included:
- Building trust with the community
- Increasing diversity and cultural competency of providers
- Increasing utilization of care teams for patients
- Increasing data liquidity between research, health care and the community

How Does the Public Help Create the Health System of Our Future?
Involving the community was considered an important concept as member’s perspectives will be useful as a more personalized health system is created in the process of healthcare transformation

How Can the Community be Engaged in Research?
Communicating and partnering with the community will be increasingly important throughout the research process, as we bring the public perspective into research and create personalized care. Also, it is essential to share data with the population that produced the data.

Barriers & Challenges to Improving our Health System
- Health system is focused on illness treatment rather than prevention and wellness
- Lack of incentives for wellness
- Low levels of patient responsibility for personal health
- Deficiencies in education system for prevention and wellness
- Communication between and among groups
- Patient linkage to available resources
- Waste in healthcare systems
- Data sharing among healthcare, research and the community
- Involving the community more in the process of healthcare transformation

Recommendations (Draft)
- Incentivize wellness
- Improve education curriculum on prevention and wellness for clinicians and the public
- Share data between healthcare, research and find effective ways to take it back to the community
Conference Sponsors
Utah Personalized Healthcare Consortium
University of Utah Program in Personalized Health Care
University of Utah Center for Clinical and Translational Science
Intermountain Healthcare

Utah Personalized Healthcare Consortium Team
Chair
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Department of Family and Preventive Medicine/ Division of Public Health
Center for Clinical and Translational Science/
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Meghan Chirpich, MS, CGC
Genetic Counselor
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John Firmage
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Reverend France A. Davis
Calvary Baptist Church
Community Faces of Utah
Utah System of Higher Education/
Board of Regents

Sylvia Rickard
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University of Utah  
Intermountain Healthcare Clinical Genetics Institute  

Lya Wodraska  
The Salt Lake Tribune  

Frank Wojtech  
Utah Department of Education
Symposium Topic Breakout Session Summaries

What is possible in health? Dreams and Realities.
The most extensive conversation throughout the symposium was hopes, dreams, and realities for the possibilities in health and healthcare through healthcare transformation. Major discussion points for hopes and dreams toward improving the current healthcare system included:

- Increasing personalization through the use of genetics and individualized care plans
- Increasing methods of prevention through population health efforts
- Increasing patients’ responsibility in their own health and lifestyle choices
- Increasing health education through patient care, personalized data and resources, and public education systems
- Systematic change starting with employers incentivizing or providing time to employees for wellness activities and physical exercise
- Increasing collaboration, and information and data sharing among healthcare providers, systems, research, and patients
- Improved education for clinicians about healthcare based on wellness activities and prevention rather than a system of illness treatment
- Increasing utilization of technology to improve health and wellness of populations
- Eliminating waste throughout healthcare systems

What resources do we have to create optimal health?
This group discussed the many resources already available to create optimum health through a more connected health system without incurring major cost increases including:

- Research generating institutions
- The Utah Population Database includes 7 million people that can be linked to medical records and supports more than 100 approved projects
- Technology utilization (telehealth, social media, etc.)
- Patient centered team: patient advocate, navigator, patient & family, specialized care, etc
- Information on prevention of disease
- Data sharing, including innovative strategies to take data back to the community
- Collaboration in research. For example, the University of Utah, Huntsman Cancer Institute, and ARUP conducted a translational oncology study, enrolling relapsed cancer patients. Many cancer-causing mutations were found and we can now find genetic tumors before patients have symptoms.
- Policy changes to make wellness a priority

Ethics of the one versus the many:
In the discussion on ethics, preventive care at both the population and individual level was considered to be a priority for reducing the burden of disease. Community engagement is an important aspect for understanding population health disparities, and it was emphasized that ethically, it is essential that data produced by the community is shared with them. On the individual level, personalized testing to find more effective treatments and avoid unnecessary
healthcare was considered essential. Also mentioned was the need to tailor messages to the population or individual level in an appropriate manner.

How do we afford this?
It was discussed that as we look at containing costs in healthcare, the focus should be on preventive care, with an aspect of patient responsibility. Other things to keep in mind as decisions are made include:

- Financial incentives for wellness
- Research is vital to improving health, and it was suggested that we view research in terms of an investment yielding returns
- Eliminating waste and improving transparency in healthcare
- Ensuring that the right person is providing the care (practicing at “top of license”)
- Policy changes in reimbursement:
  - Example: Preventive services (Ex: genetic testing for at-risk individuals) needs to be more adequately covered

How do we overcome health disparities?
Providing a personalized health care system will likely increase the capability for systems to reduce and overcome health disparities. An integral component of the symposium’s discussions included conversations on how health disparities can be decreased with an improved healthcare system. Recommendations included: 1) Working with the community to build a relationship of trust, 2) Increasing data liquidity among research, health care providers, and the participants involved in research, 3) Improving the healthcare environment by increasing the rate of utilization of care teams for patients, and 4) Increasing the diversity and cultural competency of healthcare providers.

How does the public help create the health system of our future?
Increasing the public’s involvement in the creation of an improved healthcare system for Utah was an area of important discussion throughout the symposium. It was suggested that as a more personalized health system is created the inclusion of community perspectives in healthcare transformation will prove to be beneficial to the community, healthcare systems, and research communities. As community members are involved, systems and research will need to find out the hopes within communities. As one participant stated, “We need to find out what our communities want to accomplish and what we need to make that happen. We have to spend some money to figure this out.” Several participants also mentioned increasing the responsibility of patients through engagement in order to decrease responsibility on healthcare providers and systems.

How can the community be engaged in research?
Determining how the community wants to be involved in research will become increasingly important throughout the process and implementation of personalized healthcare. Symposium participants frequently mentioned communicating and partnering with community members in order to increase relationships with the community. One participant stated, “We are now bringing patients into the realm of research. We are looking for patient input in the design, methodology, output, and the application of our research.” Of growing importance throughout the discussions was sharing research data or results with the community from which they were gathered, and understanding how the findings should be communicated with participants. A
vision that was communicated is one where the community becomes more interested and involved in research, and the research community turns to a shared decision-making model with community members.

**Common Themes across Breakout Sessions**

**Communication**
Communication of all variations was a primary focus at the symposium. Increasing and improving communication among the following groups was discussed:

- Patients and community organizations (Non-Profits)
- Patient to patient
- Patients and healthcare providers
- Communities and healthcare providers and research communities
- Healthcare teams

Participants discussed the fact that fostering communication between and across groups and communities will make a difference in the type and quality of care provided and will improve research agendas based on public needs and desires for involvement. Increasing transparency through improved communication will be increasingly important within systems of personalized healthcare. In order to improve community collaboration and engagement, developing communication models between and across groups will be increasingly important. Several participants discussed new models of communication with the community, including tailored infographics for communities and individuals, and utilization of media and social media at a level that is understandable for the general community.

**Collaboration**
Collaboration among physicians, medical teams, researchers and the community was a pervasive theme throughout the conference as the movement continues toward healthcare transformation. Topics included:

- Personalized Primary Care with a team approach to support the physician and patient
- Facilitate research to include the community perspective
- Include patient input into the design, methodology and application of research
- Engage trust between groups

**Community Engagement**
Community engagement was a common thread throughout the symposium. Several speakers and breakout groups discussed breaking down barriers to community involvement in research, especially racial and ethnic minorities. It was continually expressed that communities should be involved in each part of research in order to increase trust between communities, research and academia. It was stated, “As research and academia progress into learning health systems, it will be important to bring the community along through this progress and change.” Ironically, few general community members outside of academia, healthcare providers, and coordinators, participated in the symposium. Involving the general community will be of critical importance through the process of creating systems of personalized health care.
Technology
Technology was discussed throughout groups as an innovative means to transforming healthcare and improving population health. Data sharing among researchers as well as with communities was a pervasive theme throughout the conference. Additionally, the concept that we need to make better use of existing technology is important. Other ideas mentioned were:

- Social marketing campaigns
- Telehealth
- Data liquidity for patients to access via a web site
- Electronic tailored infographics
- EMR for patients, providers, and billing

Prevention
Prevention as key to health care transformation in the U.S. and improvement of population health, with an aspect of patient responsibility was an underlying theme throughout the symposium, and discussed across groups. Suggestions brought up throughout the symposium to improve prevention measures were:

- Emphasis on prevention through exercise and healthy diet
- Time off work to exercise during the workday
- Incentives for wellness
- Health Education/Curriculum
- P.E. classes in schools

Recommendations
As most participants involved in the symposium were researchers, health system providers or administrators, it is important to provide a plan on how to collect community members’ insights in the process of planning for health care transformation and personalized medicine.
Appendix 1: Schedule

Day 1: RECEPTION AND KEYNOTES
Monday, March 31, 2014
5:15 pm – 8:00 pm
At the Leonardo: Utah’s Science and Technology Museum
209 East 500 South
Salt Lake City, UT 84111

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<tr>
<th>Time</th>
<th>SESSION</th>
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<tbody>
<tr>
<td>5:15 – 6:00 pm</td>
<td>Registration &amp; Reception</td>
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| 6:00 – 6:10 pm | Welcome                        | Stephen C. Alder, PhD
Associate Professor of Family and Preventive Medicine
Chief, Division of Public Health
Co-Director, Community Outreach and Collaboration Core
Core Center for Clinical and Translational Science
University of Utah |
| 6:10 – 6:30 pm | “Learning Through Adversity”   | Mary Nickles
News Anchor
KUTV 2 News |
| 6:30 – 6:50 pm | “Funding for Personalized Medicine Research: Getting From Or to And” | John C. Nelson, MD, MPH
Chief Medical Officer
Leavitt Partners
Former President AMA |
| 6:50 – 7:30 pm | Facilitated Q&A                | Lya Wodraska
The Salt Lake Tribune
Personal Trainer/Holistic Lifestyle Coach |
| 7:30 – 8:00 pm | Networking                    |                                                                                      |
| 8:00 pm       | Adjourn                        |                                                                                      |

Day 2: SYMPOSIUM
Tuesday, April 1, 2014
9:00 am – 3:30 pm
At the University of Utah Guest House and Conference Center
110 South Fort Douglas Boulevard
Salt Lake City, UT 84113

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<tr>
<td>8:00 – 9:00 am</td>
<td>Registration and Continental Breakfast</td>
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<tr>
<td>Time</td>
<td>Session</td>
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<tr>
<td>9:00 – 9:10 am</td>
<td>Welcome</td>
<td><strong>Louisa A. Stark, PhD</strong>&lt;br&gt;Associate Professor (Research) of Human Genetics&lt;br&gt;Director, Genetic Science Learning Center&lt;br&gt;Co-Director, Community Outreach and Collaboration Core&lt;br&gt;Center for Clinical and Translational Science&lt;br&gt;University of Utah</td>
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<td>9:10 – 9:20 am</td>
<td>Opening Remarks</td>
<td><strong>Dean Li, MD, PhD</strong>&lt;br&gt;Associate Vice President for Research and Chief Scientific Officer&lt;br&gt;University of Utah Health Sciences&lt;br&gt;Vice Dean for Research, School of Medicine&lt;br&gt;Professor of Internal Medicine&lt;br&gt;Director, Molecular Medicine and MD/PhD Programs&lt;br&gt;University of Utah</td>
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<td>9:20 – 9:50 am</td>
<td>KEYNOTE</td>
<td><strong>Suzanne Bakken, PhD, RN, FAAN, FACMI</strong>&lt;br&gt;The Alumni Professor of Nursing&lt;br&gt;Professor of Biomedical Informatics&lt;br&gt;Director, Center for Evidence-based Practice in the Underserved&lt;br&gt;Director, Reducing Health Disparities Through Informatics Pre- and Post-doctoral Training Program&lt;br&gt;Co-Director, Biomedical Informatics Resource, Irving Institute for Clinical and Translational Research&lt;br&gt;Columbia University</td>
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<tr>
<td>9:55 – 10:40 am</td>
<td>Panel Presentations</td>
<td><strong>Lynn Jorde, PhD</strong>&lt;br&gt;Professor and Chair of Human Genetics&lt;br&gt;Executive Director, Utah Genome Project&lt;br&gt;University of Utah&lt;br&gt;<strong>Ed Napia</strong>&lt;br&gt;Urban Indian Center&lt;br&gt;<strong>Joshua D. Schiffman, MD</strong>&lt;br&gt;Associate Professor of Pediatrics&lt;br&gt;Adjunct Associate Professor of Oncological Sciences&lt;br&gt;Huntsman Cancer Institute&lt;br&gt;Interim Director, Program in Personalized Health Care&lt;br&gt;University of Utah&lt;br&gt;<strong>Diana Brixner, RPh, PhD</strong>&lt;br&gt;Professor and Chair of Pharmacotherapy&lt;br&gt;Executive Director, Pharmacotherapy Outcomes Research Center&lt;br&gt;Director of Outcomes</td>
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<td>Time</td>
<td>Activity</td>
<td>Facilitators and Notes</td>
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<td>10:40 – 10:50 am</td>
<td>Break and Networking</td>
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<td>10:50 – 11:20 am</td>
<td>Facilitated Q&amp;A with Panel:</td>
<td>Facilitator: Lya Wodraska</td>
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<td>“The Many Faces of Personalized Health Care”</td>
<td>The Salt Lake Tribune, Personal Trainer/Holistic Lifestyle Coach</td>
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<td>Lynn Jorde, PhD</td>
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<td>Joshua D. Schiffman, MD</td>
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<td>Diana Brixner, R Ph, PhD</td>
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<td>Tim Johnson, MD</td>
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<td>Paul Holbrook, MA, CSCS</td>
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<td>11:20 – 11:30 am</td>
<td>Move to Breakout Session 1</td>
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<td>11:30 am – 12:30 pm</td>
<td>Concurrent Breakouts: Session 1</td>
<td>See detail at end of agenda</td>
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<tr>
<td>12:30 – 12:45 pm</td>
<td>Pick up Lunch; Move to Breakout Session 2</td>
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<td>12:45 – 1:45 pm</td>
<td>Concurrent Breakouts: Session 2</td>
<td>Repeat of Session 1 Breakouts</td>
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<td>1:45 – 2:00 pm</td>
<td>Break and Networking</td>
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<td>2:00 – 3:00 pm</td>
<td>Breakout Group Reports and Q&amp;A</td>
<td>Moderated Presentations by Group Facilitators</td>
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<td>3:00 – 3:15 pm</td>
<td>Open Mic</td>
<td>Reverend France A. Davis, Calvary Baptist Church; Utah Board of Regents</td>
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<td>3:15 – 3:25 pm</td>
<td>Wrap Up</td>
<td>Stephen C. Alder, PhD, Associate Professor of Family and Preventive Medicine</td>
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<td>Chief, Division of Public Health</td>
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<td>Co-Director, Community Outreach and Collaboration Core</td>
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<tr>
<td>3:25 – 3:30 pm</td>
<td>Close</td>
<td>Louisa A. Stark, PhD</td>
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<tr>
<td>3:30 – 4:00 pm</td>
<td>Post-Meeting Interviews</td>
<td>Stephen C. Alder, PhD&lt;br&gt;Reverend France A. Davis&lt;br&gt;Liz Joy, MD, MPH&lt;br&gt;Louisa A. Stark, PhD</td>
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**CONCURRENT BREAKOUT SESSIONS**

Session 1: 11:30 am - 12:30 pm
Session 2: 12:45 – 1:45 pm

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<tr>
<th>SESSION</th>
<th>FACILITATORS</th>
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<tbody>
<tr>
<td>1. “What is Possible in Health? Dreams and Realities”</td>
<td><strong>Liz Joy, MD, MPH</strong>&lt;br&gt;Medical Director, Clinical Outcomes Research&lt;br&gt;Intermountain Healthcare&lt;br&gt;Adjunct Professor, Family and Preventive Medicine&lt;br&gt;University of Utah</td>
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<td><strong>Teresa Garrett, RN MS APHN-BC</strong>&lt;br&gt;Assistant Vice President for Integrated Care Management&lt;br&gt;Intermountain Healthcare</td>
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<td><strong>Tim Johnson, MD</strong>&lt;br&gt;Medical Director, Central Salt Lake Region – Intermountain Medical Group&lt;br&gt;Intermountain Cottonwood Internal Medicine</td>
</tr>
<tr>
<td>2. “What Resources Do We Have to Create Optimal Health?”</td>
<td><strong>David Patton, PhD, MPA</strong>&lt;br&gt;Executive Director&lt;br&gt;Utah Department of Health</td>
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<td><strong>Luz Robles, MPA</strong>&lt;br&gt;Utah State Senator, District 1</td>
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<td>3. “What Are the Ethics of the One vs. the Many?”</td>
<td><strong>Jeffrey Botkin, MD, MPH</strong>&lt;br&gt;Professor of Pediatrics&lt;br&gt;Division of Medical Ethics&lt;br&gt;Associate Vice President for Research&lt;br&gt;University of Utah</td>
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<td><strong>Darrin Sluga, MPH</strong>&lt;br&gt;Community Development Director&lt;br&gt;Salt Lake County Health Department</td>
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<tr>
<td>Session</td>
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| 1 | How Do We Afford This? | Margaret P. “Peggy” Battin, PhD (session 1 only)  
Professor of Philosophy  
University of Utah |
| 4 | How Do We Afford This? | Natalie Gochnour, MS  
Associate Dean  
David Eccles School of Business  
University of Utah  
Chief Economist and Senior Advisor  
Salt Lake Chamber  
David Sundwall, MD  
Professor of Family and Preventive Medicine  
Division of Public Health  
University of Utah |
| 5 | How Do We Overcome Health Disparities? | Fahina Tavaki-Pasi, MS  
Executive Director,  
National Tongan American Society  
Jane M Dyer, CNM, FNP, MBA, PhD, FACNM  
Assistant Professor of Nursing  
University of Utah |
| 6 | How Does the Public Help Create the Health System of Our Future in Utah? | Michael Magill, MD  
Professor and Chair of Family and Preventive Medicine  
University of Utah  
Executive Medical Director, Community Clinics  
University of Utah Health Care  
Executive Medical Director, University of Utah Health Plans  
Steven Bleyl, MD, PhD  
Associate Professor of Pediatrics  
Division of Pediatric Cardiology  
University of Utah  
Co-Director, Clinical Genetics Institute  
Intermountain Health Care |
| 7 | How Can the Community be Engaged in Research? | Tatiana Allen, CCRP  
Clinical Research Coordinator  
Primary Care Research  
Lisa Gren, PhD MSPH  
Assistant Professor of Family and Preventive Medicine  
University of Utah |
Appendix 2: Participants

Aiono, Heather
Alder, Steve
Allen, Tatiana
Anderson, Rebecca
Ashby, Jeanie
Bakken, Suzanne
Balch, Alfred
Barth, Connie
Battin, Margaret
Beck, Susan
Biltaji, Eman
Bleyle, Steven
Bossart, Abigail
Botkin, Jeffrey
Bray, Bruce
Briesacher, Mark
Bringard, Alicen
Brixner, Diana
Brooke, Benjamin
Burgess, Paul
Butler, Jorie
Chapman, Wendy
Cheng, Yan
Chirpich, Meghan
Clark, Lauren
Coda, Catherine
Collingwood, Scott
Cook, Sarah
Craig, Elizabeth
Cunningham, Ruthann
Davis, PastorFrance
Davis, Philip
Deka, Rishi
Dyer, Jane
Endo, J
Ettinger, Locke
Fioramonti, Marcela
Firmco, John
Fuller, Arwen
Gammon, Amanda
Garcia, Andrea
Garrett, Teresa
Gibson, Bryan
Giffen, Linda
Gochnour, Natalie
Goebel, Melissa
Goldsmith, David
Gren, Lisa
Gudgeon, Jim
Guenther, Patricia
Gutierrez, Natalia
Heale, Bret
Holbrook, Paul
Howard, Dan
Husebye, Melissa
Jaggi, Rachel
Jasperson, Kory
Johnston, James
Jones, Cory
Jorde, Lynn
Joy, Elizabeth
Kaul, Sapna
Kerr, Lynne
Kinikini, Merin
Kohlmann, Wendy
Lai, Djin
Lake, Erica
Lam, Adria
Lam, Siew Hong
Lau, Lee Min
Leiser, Cameron
Li, Dean
Luther, Brenda
Lyon, Pamela
Magill, Michael
Maldonado, Geovanna
Mannello, Vinny
Marcus, Robin
Marsh, Sandra
Matney, Susan
McCandless, Peggy
Metos, Julie F
Moench, Shelby
Moore, Mikelle
Moreno, Caroline
Napia, Ed
Nathan, Deepika
Nelson, John
Nelson, Scott
Nelson, Jeanette
Nickles, Mary
Orlandi, Richard
Pascoe, Anita
Patton, David
Pedersen, Kathy
Pena, Ken
Pepper, Ginette
Perez, Alejandia
Prather, Stephen
Probst, Marc
Putra, Widya
Rabon, Elizabeth
Ramirez, Sergio
Rickard, Sylvia
Robles, Luz
Rodriguez, Gaby
Rosenthal, Eric
Rowley, Braden
Savitz, Lucy
Scalley, Taylor
Scammon, Debra
Schaeher, Ken
Schiffman, Joshua
Scholand, Mary Beth
Shipman, Jean
Shoair, Osama
Sikalis, Amy
Simonian, Yasmen
Slug, Darrin
Solache, Natalia
Stark, Louisa
Sundwall, David
Sward, Kathy
Taft, Teresa
Tavake-Pasi, Fahina
Thompson, Traci
Thomson, Kimball
Ullery, Saara
Villata, Jeannette
Voisard, Brenda
Warner, Echo
Warner, Zach
Weed, Douglas
Weir, Charlene
Westmoreland, Coni
Wilcox, Adam
Wodraska, Lya
Wolsfeld, Cathy
Wood, Grant
Appendix 3: Conference Evaluation Summary

Of 139 participants at the symposium, only 33 participants filled out the evaluation survey. Of those that answered the evaluation survey, 97% said the conference was useful. Networking and the inclusion of various stakeholder views (through panels and breakout groups) were the most commonly cited values for the symposium. A few mentioned the hopes for more patient centered inclusion with a broader array of community stakeholders rather than the common “community ambassadors.”

Feedback for the two day symposium was generally positive. On average, 70% of evaluation participants found the Keynote Speakers and Panels useful. Among the seven breakout groups, 34% of evaluation participants found the breakout sessions useful. Of the breakout groups, group 1 (What is Possible in Health? Dreams and Realities) and group 3 (What are the ethics of the one vs. the many?) were identified as the most useful (48% and 39% useful, respectively). Breakout groups 5 (How do we Overcome Health Disparities?) and 6 (How Does the Public Help Create the Health Care System of Our Future in Utah?) were identified as the least useful, where 24% of evaluation participants found the sessions useful.

To further enhance a future conference, participants mentioned hopes for: additional community involvement, more focus on specific problems to create actionable steps to address the issues, clearly defined goals for each breakout group and the conference in general, more in-depth examples of personalized healthcare projects throughout the community, increased representation from underserved populations and how personalized medicine is helping them, additional insights into the funding of personalization, and further insights of how health informatics can and is being utilized for personalized health. Several participants requested an agreed upon definition for personalized healthcare, community (who belongs and who doesn't), and health services, to be presented and utilized throughout the symposium.