

# Our Optimal Health

## Affordable & Sustainable Health Care for All in Franklin County

---

### Assembly 7



**RECORD**  
**Assembly 7**  
March 28, 6:30 p.m. to 9:30 p.m.  
The Fawcett Center

---

# Our Optimal Health

Affordable & Sustainable  
Health Care for All in Franklin County

## Assembly 7, The Fawcett Center, Columbus

**Calling Question: How will we, as a community, achieve optimal health for our community and for each of us?**

### Contents

Welcome .....	2
Check In .....	3
Open Space Technology .....	4
Harvest From Open Space Workshops.....	7
Check Out.....	17
Next Steps and Close .....	19
Appendices:	
Assembly 7 Attendees – Appendix 1.....	20

Documentation: Deb Helber, Sandy Huntzinger

# Welcome



*Phil welcomes the assembly...*

Phil Cass welcomed the group to the seventh assembly of the Our Optimal Health project. Phil briefly shared the history of the project. This began with a feasibility study in the summer of 2005. Over 58 interviews took place with members of the business community, government, health care providers and health care users. The findings were the focus of the first assembly. What emerged was a need build a better future by investing resources in a fundamental shift of the system and to look at things in a more innovative way.

## Calling Question

“How can we create Affordable and Sustainable Health Care for all in our community – in Franklin County?”

Assembly 2 took place in February of 2006 at the MidOhio Food Bank. People from Assembly 1 were invited to come and help develop a vision of what this project could be and how to organize around that vision. Eighteen of those attending volunteered to come together to form a Core Hosting Group for this project.

At Assembly 3, in June 2006 at the Fawcett Center, the assembly came back together to develop the purpose of the health care system. In cafes, the 120 people who attended drafted the first version of what they thought the purpose of the health care system should be. The theme that emerged was that the system should be designed around health and wellness.

In July 2006, Assembly 4 was held at the King Arts Complex. At that assembly, the Core Hosting Group brought forward their attempt to synthesize the 18 purpose statements from Assembly 3 into one statement. The assembly provided their feedback. Based on that feedback, the purpose statement that the assembly is gathered around is:

## Purpose Statement V.2.0

The purpose of the health care system is to provide affordable & sustainable health care that supports optimal health & wellness for everyone in our community.

At this assembly, space was also opened around the question: **What ideas, opportunities or questions are you passionate to explore to create ASHC based on WELLNESS?** There were eighteen ideas, opportunities and questions identified.

At Assembly 5, which took place in September 2006 at the Josephinum, the assembly prioritized those eighteen ideas based on which ones they felt had the greatest potential to shift the health care system. At Assembly 6, we began to work on those 4 priority question.

The Core Hosting Group, in reviewing the work of the Assembly to-date, has proposed a refined calling question. This refinement is based on the purpose of the health care system that arose from the assembly.

## Refined Calling Question

How will we, as a community, achieve optimal health for our community and for each of us?

In this process that we are using for Our Optimal Health, the Core Hosting Group are **hosts** for these assemblies – we are creating space that allows the intelligence of this community to show up. The Core Hosting group will also be hosting other space for learning, participation and work to occur around this project.

- **Monthly Community Assemblies:** These assemblies will be to provide space and resources for those who wish to come together and work on the emerging projects and activities that the community has identified as having the potential to shift our health care system.
- **Expanding Awareness:** The hosts of the Our Optimal Health project will be reaching out to various groups in the community to share what is emerging from the assemblies and to take their conversations back into the assembly.
- **Training/Learning:** The hosts of Our Optimal Health will provide opportunities for you to discover how we can build new capacity for innovation in our community. We will be bringing in leaders from around the country to help our community build this capacity.

We are beginning to refer to these assemblies as Village Squares. Communities have gathered throughout history to figure out what to do about problems and issues they were facing. They would gather together to share their thoughts and to create solutions.

As we gather around our calling question, many raise questions about how we are going to achieve optimal health. Where we are at in the process is not the “how” but the “what”.

Phil reminded us that this is not the only space where work can get done. A Project Coordinator, Sandy Huntzinger, has been hired to help all of us in the Assembly with the work that is emerging.

## Check In

Phil Cass hosted the check-in for the assembly. The check in is a process we use to invite all of you into this meeting and to awaken our collective brain. We came into this meeting from other places with many other important things on our minds, both business and personal. The check in is a way for us to put those aside and to be present for this work. It is a chance for everyone’s voice to be heard.

Sometimes we use the circle to check in, using a talking piece and hearing each voice as the talking piece moves around the circle. Other times, we may check in two’s or three’s, and then share what we’ve learned back into the circle, as we did this evening.

Phil read the refined calling question: *How will we, as a community, achieve optimal health for our community and for each of us?* He then asked the assembly to turn to somebody next to them in the circle and ask the person next to them:

***What resonates for you around this emerging calling question?***



### ***Assembly members share their responses.....***

- **Shift to Optimal Health from Affordable & Sustainable health care is positive. Many people who have access to health care are not healthy. Also like the statement "...for each of us".**
- **Much more possible question than the original calling question....this has possibilities.**
- **The original calling question is a zero sum gain; the refined calling question has infinite possibilities.**
- **Who is "we"? How will "optimal health" be defined"? Who will define it? How do we make sure we include all cultures?**
- **We is the whole community – it is us.**
- **In terms of the community – on a federal level action can be blocked by powerful groups. At a more local level we may have more opportunity for change.**
- **Optimal Health is more preventative than reactive. We can get to people before they have bad health.**
- **Sustainable is important – when soft dollars for programs are gone, the programs shut down.**
- **Everyone has to buy in and want to be healthy.**

## **Open Space Technology**



Marc Parnes came forward to open space for the assembly. He shared with the group something he had read...*It is common sense to bring more people together in conversation. It is the way we have done it in generations past, gathering round fires and sitting in circles. It is the way we occasionally work now, building core relationships that invite real collaboration. Human beings that are involved and invited to work together take ownership and responsibility when ideas and solutions must be put into action.*

We are a small group, but we are coming together to communicate, and through that communication we will grow.

Marc opened the space around the refined calling question:

**Refined Calling Question**  
How will we, as a community, achieve optimal health for our community and for each of us?

There were four ways to participate:

- Post a question
- Participate in a discussion
- Be a bumble bee – participating in more than one discussion, remembering to cross pollinate – take ideas with you to share.
- Be a butterfly – take time out, for reflection or unscheduled, spontaneous conversations.

There were two rounds in the market place, each with eight sessions. If you felt that the question you were posing needed both sessions then you placed your card across both sessions.

Marc reviewed the four principles and one law of open space:

Marc also asked that we:

- *Speak with intention*
- *Listen with attention*
- *Tend to the well-being of the circle*

#### **4 Principles:**

1. Whoever comes are the right people
2. Whatever happens is the only thing that could happen
3. Whenever it starts is the right time
4. When it is over – it is over.

#### **One Rule:**

The law of two feet

There were four questions from our last assembly that we brought forward and also put in the circle. Anyone who wishes to continue discussions around those questions was invited to pick them up and post them in the market place.

- How will a neighborhood or community organize itself to achieve optimal health for all its citizens?
- How can we motivate people to take personal responsibility to achieve their own optimal health?
- How will a community organize itself to eradicate an identified disease process (ex. Diabetes)?
- How will a community fund a health care system whose purpose is to achieve optimal health for all its' citizen's.

Marc opened the market place.



# Market Place Questions

Round 1	Round 2
How will a community fund a health care system whose purpose is to achieve optimal health?	How do we coordinate & build upon existing efforts to “achieve optimal health”?
How will a neighborhood or community organize itself to achieve optimal health for all its citizens?	How can we motivate people to take personal responsibility to achieve their own optimal health?
What should we do to take the profit motive out of “sick care”?	Is it a copout to move from the original calling question, because it is expensive, to the more infinite calling question on the floor?
Definition of Optimal Health	
How will a community organize itself to eradicate an identified disease process (ex. Diabetes)?	
What can be done to help health providers be better able to re-define their role in creating optimal health with minimum loss & damage to the system of care?	
How do we assure the poorest of the poor move from the Emergency Room (ER) to the “Wellness Center”	How do we assure the poorest of the poor move from the Emergency Room (ER) to the “Wellness Center”



# Harvest from the Open Space Workshops

<b>Topic: How will a community fund a health care system whose purpose is to achieve optimal health?</b>	<b>Round</b> <u>    1    </u> <b>Table</b> <u>    1    </u>
<b>What emerged for us tonight? What key insights did we have?</b> <ul style="list-style-type: none"> <li>- Consensus – discomfort with current funding system that distorts outcomes and is headed for collapse</li> <li>- Health services should be based upon evidence-based &amp; public health/wellness model</li> <li>- To work, a different cultural mandate needs adopted for health</li> <li>- Even if personal &amp; community health funds are available, need incentives to get people to use preventive health care</li> <li>- Community must put up collars to assure that everyone gets basic healthcare &amp; gets screened</li> <li>- Many sources could change their policies (e.g. government funds waivers; insurance companies)</li>   <li>- How will we fund it? <ul style="list-style-type: none"> <li>o Medical staff not proven dropped</li> <li>o Medical paperwork eliminated</li> <li>o Insurance system changed</li> </ul> </li>   <li>- Performance &amp; outcome based payments based on wellness not illness (e.g. Cleveland Clinic)</li> <li>- 50% behavioral; 20% genetics; 20% environment</li> <li>- Evidenced-based, public health model</li> <li>- Uninsured needs preventive health services</li> <li>- Assuming a pool of \$ in community, what value do we get out of spending \$</li> <li>- Assumption that dollars are scarce, so how to decide</li> <li>- OSU started an employee reward system to get better health – reward based system</li> <li>- Cultural thing – what are the reward systems for sub-populations that work?</li> <li>- Focusing on current funding systems locks you into a trap – if you take money from funding sources how do you not hurt people currently being funded?</li> <li>- Community = Central Ohio; micro-geographic centers = delivery system</li> <li>- People will have to change expectations of what’s available</li> <li>- Where are dollars to come for preventable hospitalizations?</li> <li>- Fund expansion or fund a different system (people want to bet better)</li> <li>- Single care system (debated whether it will increase total costs or cover it)</li> <li>- Partnering (except the government) with rewards for health practices &amp; disincentives for bad behavior</li> </ul>	
<b>What are our next steps?</b> <ul style="list-style-type: none"> <li>- We are falling into the crisis quickly, so if we don’t act, the crisis will.</li> <li>- What are the easiest reforms for funding identified?</li> <li>- Identify what we can change in the health care financing system by the way the dollars are generated to fund appropriate care from employer-based to community-based</li> <li>- Identify 80% of illnesses/costs affecting system to get at effectiveness &amp; efficiency of optimal health Follow the money &amp; illness to identify....</li> </ul>	
<b>What do we need to help us take our next steps?</b> Need community vested in goal	
<b>Who is the contact person for this group?</b> Brent Mulgrew	2

<b>Topic: How will a neighborhood or community organize itself to achieve optimal health for all its citizens?</b>	<b>Round</b> <u>    1    </u> <b>Table</b> <u>    2    </u>
<b>What emerged for us tonight? What key insights did we have?</b>  <p style="text-align: center;">Discussed near East side to build on what's there &amp; Clintonville</p> <ul style="list-style-type: none"> <li>- Identify resources in the neighborhood – assets – all – disseminate everything</li> <li>- Self-determination – the neighborhood determines its priorities, problems, solutions – self assessment</li> <li>- Have health screenings in neighborhood &amp; resources to follow-up</li> <li>- Identifying mechanisms for access (coordination)</li> <li>- Structure that helps facilitate who needs what</li> <li>- Identify distinct needs</li> <li>- Bringing people together around health – not illness</li> <li>- Recruiting volunteers/more involvement</li> <li>- Funding ? – all sources now (health care) focused on illness</li> <li>- Identify/recruit consortium of workplaces to adopt wellness/benefits</li> <li>- Look at cultures/age groups – intervention with younger people</li> <li>- Community articulate a goal towards optimal health – value – that they could rally to</li> <li>- Neighbor to neighbor (Sierra Club)</li> <li>- What is the person's "neighborhood"? Work? Home?</li> <li>- It's got to be a normal part of the day – normal flow – to maximize use &amp; are we maximizing public space (schools)?</li> <li>- Differentiate "community" &amp; "neighborhood" – very different</li> <li>- Don't force change – move into it, work with it</li> <li>- Helping people identify ways they can help support each other</li> <li>- How do these ideas align with other ideas?</li> <li>- German Village has walking group (any community could do this) – build on to this</li> </ul>	
<b>What are our next steps?</b>  <p>We have passion to continue this discussion:</p> <ul style="list-style-type: none"> <li>- Jeanne Grothhaus</li> <li>- Bill Owens</li> <li>- Debbie Crawford</li> <li>- Karen Brown 261-1100; kbrown@epilepsy-ohio.org</li> </ul>	
<b>What do we need to help us take our next steps?</b>  <p>Help us learn about communities that have been successful at improving health status in that community.</p>	
<b>Who is the contact person for this group?</b> <b>Debbie Crawford –</b> <b>Crawford@columbus.rr.com</b>	3
<b>Topic: What should we do to take the</b>	<b>Round</b> <u>    1    </u>

<b>profit motive out of “sick care”?</b>	<b>Table <u>3</u></b>
<p><b>What emerged for us tonight? What key insights did we have?</b></p> <ul style="list-style-type: none"> <li>- Should we make wellness a commercial product?</li> <li>- Gaps: <ul style="list-style-type: none"> <li>o Lack of personal responsibility</li> <li>o Denial</li> <li>o Hectic lifestyle – demand</li> <li>o Immediate gratification vs delayed gratification</li> <li>o Lack of access to wellness center</li> <li>o Lack of reimbursement</li> </ul> </li> </ul>	
<p><b>What are our next steps?</b></p> <ul style="list-style-type: none"> <li>- Engage institutions in the process, i.e. hospital administrators, pharmaceutical companies, corporations</li> </ul>	
<p><b>What do we need to help us take our next steps?</b></p> <ul style="list-style-type: none"> <li>- Invite CEO’s to the assemblies</li> </ul>	
<p><b>Who is the contact person for this group?</b> Ginnie Vogts</p>	7
<b>Topic: Definition of Optimal Health</b>	<b>Round <u>1</u></b>

**Table 4**

**What emerged for us tonight? What key insights did we have?**

- Definition of Optimal Health: "Individual and best possible health"
  - o Does not mean being disease free
  - o Recognizing individual & community values may differ & impact the definition
  - o Optimal health choices maybe impacted by cost and accessibility
  
- Not stigmatizing people with health issues – optimal might be different for different people (subjective & personal) inclusive definition vs. exclusive or stigmatizing.
  
- Reality of disease process – how do we still maximize health?
  
- Does optimal mean ideal or perfect? (best possible)
  
- Individual and community best possible health.
  
- Does not mean being disease free
  
- Recognizing individual AND community values may differ and impact the definition.
  
- Optimal health choices may be impacted by cost and accessibility.

**What are our next steps?**

"Optimal Health"



**What do we need to help us take our next steps?**

**Who is the contact person for this group?**

1

**Topic: What can be done to help health**

**Round 1**

<p><b>providers be better able to re-define their role in creating optimal health with minimum loss &amp; damage to the system of care?</b></p>	<p><b>Table <u>6</u></b></p>
<p><b>What emerged for us tonight? What key insights did we have?</b></p> <ul style="list-style-type: none"> <li>- Look at tobacco industry experience</li> <li>- Look at hospital experience with smoking cessation</li> <li>- Change payment system from sickness to wellness</li> <li>- Look at school system &amp; food for children</li> <li>- Experience of GM/Ford as well as Medicare/Medicaid programs</li> <li>- Orient new &amp; present providers about benefits of prevention/wellness care</li> <li>- Pay for wellness – a payment made to the person.</li> <li>- Money as an incentive may be necessary</li> <li>- Look at the benefits of incentives being paid to the patient</li> <li>- Look at the “pay for Performance” programs – physicians feel they are penalized for their patient’s behavior</li> <li>- How to evaluate physician awareness building with their patients – how to help people to want to be healthy.</li> <li>- How do you build trust?</li> </ul>	
<p><b>What are our next steps?</b></p> <ul style="list-style-type: none"> <li>- Identify motivator for change – How to motivate change?</li> <li>- How do you reward personal responsibility?</li> <li>- Look at tobacco industry experience (smoking cessation/legislation)</li> <li>- Look at military experience with wellness/prevention care</li> </ul>	
<p><b>What do we need to help us take our next steps?</b></p> <p>Ask staff to help with finding research and models</p>	
<p><b>Who is the contact person for this group?</b> Fred Johnson</p>	<p>4</p>

<b>Topic: How will a community organize itself to eradicate an identified disease process (ex. Diabetes)?</b>	<b>Round</b> <u>    1    </u> <b>Table</b> <u>                    </u>
<b>What emerged for us tonight? What key insights did we have?</b>  Diabetes - Need coverage for healthcare - Increase coverage for children through funding, SCHIP – federal & state levels - More parents covered – expand Medicare - School screenings – school based initiatives - Increase availability of fresh fruit & vegetables - Importance of environment: housing, community gardens, transportation, poverty	
<b>What are our next steps?</b>  - Look at some existing models - Neighborhood health advisory committees - Food cooperatives - Block Family Health Project in Pittsburg	
<b>What do we need to help us take our next steps?</b>	
<b>Who is the contact person for this group?</b> <b>Teresa Long</b>	<p style="text-align: right;">6</p>

<b>Topic: How do we coordinate &amp; build upon existing efforts to “achieve optimal health”?</b>	<b>Round</b> <u>    2    </u> <b>Table</b> <u>    2    </u>
<b>What emerged for us tonight? What key insights did we have?</b> <ul style="list-style-type: none"> <li>- Inventory what is currently available</li> <li>- Communication</li> <li>- Acknowledge competition – is there a strategy that can challenge this?</li> <li>- Identify helpful resources – like free drugs, intellectual resources</li> <li>- Creation of new community-based structure to do all of the above – a structure without a personal agenda; need consensus for agreement &amp; sharing &amp; evaluation &amp; change</li> <li>- Make it easier to create a mechanism to find examples/means that have been found to work. Determine what you have that is still useful. Identify previously successful programs that have gone away but would be effective if brought back.</li> <li>- What sorts of efforts (clearinghouse: what resources are available in the community) are available &amp; what are best practices?</li> <li>- Who does it well?</li> <li>- If a system is developed to answer the question, how do we involve other entities in the community? What other groups/coalitions are working on similar programs? How do you take this collective intellectual effort &amp; coordinate it?</li> </ul>	
<b>What are our next steps?</b> <ul style="list-style-type: none"> <li>- Determine if other communities have answered the topic question: What mechanisms did they use?</li> </ul>	
<b>What do we need to help us take our next steps?</b>	
<b>Who is the contact person for this group?</b>  Jeanne Grothaus	9
<b>Topic: How can we motivate people to</b>	<b>Round</b> <u>    2    </u>

<b>take personal responsibility to achieve their own optimal health?</b>	<b>Table <u>3</u></b>
<p><b>What emerged for us tonight? What key insights did we have?</b></p> <ul style="list-style-type: none"> <li>- Personalize communication</li> <li>- Family based approach <ul style="list-style-type: none"> <li>o Education &amp; activity</li> </ul> </li> <li>- Need emphasis in school <ul style="list-style-type: none"> <li>o Health is learned behavior</li> <li>o Narrow circle of choices</li> </ul> </li> <li>- Food accessibility &amp; affordability</li> <li>- Make healthier foods less expensive</li> <li>- Sustain preventive health from infancy on – baby books for all</li> <li>- Losing &amp; denying not effective</li> <li>- Stages of change</li> <li>- Increase food stamps</li> <li>- Be beware of age, levels, cultural differences, educational background\</li> <li>- Build skills of self – aware of own behaviors and build on small successes</li> <li>- Use school as a wholistic opportunity for healthy living – a school community approach</li> <li>- It's about appropriate marketing (appropriate &amp; effective)</li> <li>- Be more aware of consequences of unhealthy habits</li> <li>- Stress the benefits</li> <li>- Connect wellness to present benefits</li> <li>- Assist people in strategizing even smallest change</li> <li>- Community is smallest unit of health</li> </ul>	
<p><b>What are our next steps?</b></p> <ul style="list-style-type: none"> <li>- Lobby school systems</li> <li>- Influence the schools to be more health conscious – vending machines, health &amp; gym classes, curriculum adjustments, etc.</li> <li>- Involve persons with expertise in marketing to explore venues and avenues, popular personages who influence various age &amp; cultural groups.</li> </ul>	
<p><b>What do we need to help us take our next steps?</b></p> <p>Volunteers, inventory resources, campaign statistics, plan, literature</p>	
<b>Who is the contact person for this group?</b>	8
<b>Topic: Is it a copout to move from the</b>	<b>Round <u>2</u></b>

<b>original calling question, because it is expensive, to the more infinite calling question on the floor?</b>	<b>Table <u>4</u></b>
<b>What emerged for us tonight? What key insights did we have?</b> <ul style="list-style-type: none"> <li>- Optimal health care doesn't mean disease free</li> <li>- Recognize aging in the context of optimal health</li> <li>- Health care/sickness care</li> <li>- Will always be unavoidable issues of disabilities, genetic propensities, etc.</li> <li>- What is a person's desire for quality of life?</li> <li>- Promote medical home for persons that would be sustainable</li> <li>- Costs are a reality &amp; should not be lost in the promotion of wellness.</li> <li>- Challenge of health care as a business</li> <li>- Mandates for certain types of services, e.g. child well visits, immunizations, mammography's</li> </ul>	
<b>What are our next steps?</b>	
<b>What do we need to help us take our next steps?</b>	
<b>Who is the contact person for this group?</b>	10

<b>Topic: How do we assure the poorest of the poor move from the Emergency Room (ER)</b>	<b>Round <u>1&amp;2</u></b>
------------------------------------------------------------------------------------------	-----------------------------

**What emerged for us tonight? What key insights did we have?**

## Background information:

1. Poor and elderly poor frequently do not have health care coverage or for a myriad of reasons do not want to or cannot use the available services for which they are eligible.
2. Families and individuals often wait to access the health care system until a manageable ailment becomes a full-blown emergency. At which time the cost of care is many times greater than care for the original problem.
3. There are few resources in low-income communities designed to provide wellness services and programs for poor people.

**Round 1****Recognize that:**

- the ER is faster and is open 24-7
- Behavior related health issues (smoking, high blood pressure, diabetes) are very expensive
- How do Low Income persons (LI) access information on health care
- The ER must by law provide care
- LI often do not have a primary care physician
- Working LI only have time for the ER
- How many free clinics have evening hours – how widely is this known
- Wellness programs have already been cut
- Not every MD takes the Medical Card
- Even though the Medicaid program is considered to be providing “Champaign” services there are still access issues for some LI
- Education should be provided to primary care providers to provide care in off hours (6-10p.m.)
  - How do we get LI to these places

**Round 2**

## Recognize that:

- We moved away from the Certificate Of Need process and the Health Systems Agencies (HSA's) in the early 80' and have created structures which will not share
  - Information which would:
    - Help reduce duplication of services/meds
    - Help assure proper care
  - Services

**Discussion Definitions:**

The poorest of the poor are those who have no comprehensive medical coverage

**Challenges**

- Cultural differences among the populations
- How should LI access wellness services
  1. Train community neighbors/volunteers to provide education
  2. Provide new mom education

<b>Original Question re-defined:</b>	
<ol style="list-style-type: none"> <li>1. How do we get the underinsured and uninsured to have a “health care home” – work needs to be done to define that last phrase.</li> <li>2. How do we educate those who over utilize the ER about other options</li> <li>3. How do we create the umbrella that pulls the fractured system together <ol style="list-style-type: none"> <li>a. Create a “wellness google”</li> <li>b. Provide information technology training and access</li> </ol> </li> <li>4. Find out how hospitals are spending their money now.</li> </ol>	
<b>What are our next steps?</b>	
<b>Action Steps:</b>	
<ul style="list-style-type: none"> <li>- Develop a county wide matrix of health care and wellness services for the poor</li> <li>- Investigate a nursing education program at Otterbein which does the above (?)</li> <li>- Find out how many hospitals have triaging services which serve in the ER to move certain cases into the Urgent Care system</li> <li>- Need a 24-7 accessible care system</li> <li>- Find out what Ohio Department of Job and Family Service’s Medical Care Advisory Committee is doing</li> <li>- Learn more about the Strickland Plan <ul style="list-style-type: none"> <li>o What is the Alaskan Plan in all this – finding and connecting those in need of assistance to health services</li> </ul> </li> </ul>	
<b>What do we need to help us take our next steps?</b>	
<b>Who is the contact person for this group?</b> David Maywhoor	5

### Check-Out



Bill Kumler hosted the check-out. Before we returned to our busy lives, we wanted to take a few minutes and connect with each other around our purpose for being here together and the work we have done this evening. We checked out in circle around the question - ***What word taken from the purpose statement best reflects your work this evening?***

The circle is an ancient form of meeting that has gathered human beings into respectful conversations for thousands of years. In some areas of the world this tradition remains intact, but in some societies it has been nearly forgotten. There are also three principles of working in circle. They are:

- Rotate leadership
- Take responsibility
- Have a higher purpose that you gather around

When we work in circle we ask that you think of these agreements as we move around the circle:

**Circle agreements:**

- Listen without judgment (slow down and listen)
- Whatever is said in circle stays in circle
- Offer what you can and ask for what you need
- Silence is also part of the conversation.

You can use a talking piece when you work in circle. Whoever decides to go first would pick the piece up and speak. When they were through, they would pass the talking piece to their left. If you received the talking piece but were not ready to speak, you would pass the piece on. It would come back to you as it moves around the circle.

This evening, in order to keep to our ending time, we are going to modify how we move around the circle. Rather than using a talking piece, I'm going to ask each of you to look into the middle of the circle where we have placed our purpose statement - ***The purpose of the health care system is to provide affordable & sustainable health care that supports optimal health & wellness for everyone in our community.***

We have broken the statement into 4 sections: Affordable, Sustainable, Optimal Health & Wellness, and For Everyone. Those words are on the cards that are scattered throughout the circle.



***Thinking about the work you did this evening,  
please pick up a card that best describes that work.***



<b>Optimal Health &amp; Wellness</b> 13
<b>For Everyone</b> 12
<b>Affordable</b> 7
<b>Sustainable</b> 4

**Ne**



## **xt Steps and Close**

Phil brought us to the close of the day. The Core Hosting Group is trying to provide space for conversations and work to take place around the purpose that this assembly has created. Thinking back, we began as 4 people with a passion around the calling question, we became a group of 18, and now we are part of an assembly that several hundred people have participated in.

If you feel passion and responsibility around the things you have proposed this evening, we want to continue to provide space for your exploration. We will not only provide space but we also will offer Sandy's support for your work, as well as some training. We have resources that have been provided by local hospitals and corporations so that we can support your efforts.

We may not know what the end will look like, but we do know that together we will create change through our collective passion and responsibility.

**Thank you all for a good days work!**

**Affordable and Sustainable Health Care Project – Assembly 7 - Attendees**

Linda Artis	Fred Johnson	Tom Rieland
Seleshi Asafw	Beth Kastner	Nancy Rini
Karen Brown	Francie Kaufman	Joseph Roel
Philip Cass	Dianne King	Kathy Rooker
Katie Clark	Bill Kumler	Tuesday Ryan-Hart
Jeanne Clement	Nancy Lee	Carl Shoolman
Cathy Costello	Cathy Levine	Mike Smeltzer
Debbie Crawford	Steve Loeb	Ying Studebaker
Brent Davis	Teresa Long	Olivia Thomas
Allard Dembe	Elizabeth Lottes	Robert Thomas
Debera Diggs	David Maywhoor	Marva Tschampel
Alice Faryna	Dorothy McKay	Paul Tschampel
Jerry Friedman	Michelle Morgan	Mike Tynan
Greta Galluchi	Brent Mulgrew	Julie VanPutten
Jewell Garrison	Bill Owens	Ginnie Vogts
Jeanne Grothaus	Marc Parnes	Bruce Wall
Matt Habash	Jane Parnes	Diane Warren
Dave Heisel	Judy Parnes	Carl Weddington
Deb Helber	William Persi	Paul Wherry
Suzanne Hoholik	Malcolm Porter	Janice Wilcox
Sandy Huntzinger		Scott Williams