

Our Optimal Health

Affordable & Sustainable Health
Care for All in Franklin County

Assembly 8



RECORD
Assembly 8
April 12, 2007 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 8, the Fawcett Center, Columbus

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

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Documentation: Deb Helber, Sandy Huntzinger

Welcome



Phil Cass welcomed the group to the eighth assembly of the Our Optimal Health project. There have been a series of assemblies – their purpose has been to create a dialogue around what our community wants for their health care system. The intent has not been to bring to the community what the answer is but to have you, the community, define what it is you want from the health care system.

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. Everyone we spoke with felt like a victim of the health care system, and at the same time, no one felt they knew how to change it. In a meeting earlier in the week, when asking a group of people who they felt should lead the health care system, that same uncertainty came through – no one knew who should lead this change.

These assemblies are a place for us to begin to have conversations together about what it is we want to do. There have been close to 400 people who have touched this project over the course of the eight assemblies. Those who were at several previous assemblies worked on what the purpose of the health care system should be. What emerged was the following:

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.

Our initial calling question was:

Calling Question

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

With the emergence of the purpose and its focus on not only affordability and sustainability but also optimal health and wellness, we have refined our calling question to be:

Refined Calling Question

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

This purpose and question are why we are here this evening.

We also gather around this purpose to find ways to fundamentally shift the system – *if we only do work around incremental changes in the system we may make some things better but we will not make transformative change.*

How do we make change? It can begin with a small group of people who come together around a need, based on their personal perspective. Change happens when people have a particular passion to make something happen.

We do something called hosting at these assemblies – it is not meant to be directive. It is just like asking somebody to dinner at your home. What we want to do at these assemblies is to gather the collective intelligence that is in the room. We do this through “harvesting” – it is capturing the information that flows through the room.

The last time we met, there were a number of questions posted in the marketplace. They were:

- How will a community fund a health care system whose purpose is to achieve optimal health?	- How do we assure the poorest of the poor move from the Emergency Room (ER) to the “Wellness Center”?
- 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”?	- How do we coordinate & build upon existing efforts to “achieve optimal health”?
- How will a community organize itself to eradicate an identified disease process (ex. Diabetes)?	- Is it a copout to move from the original calling question, because it is expensive, to the more infinite calling question on the floor?
- 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?	- Definition of Optimal Health

Phil reminded us that there are resources, including a Project Coordinator, Sandy Huntzinger, to help with the work that is emerging.

Check In



Deb Crawford hosted the check-in for the assembly. She thanked everyone for their commitment to the process and recognized that we each may have different reasons for gathering around our purpose. She explained that the journey will take some time and we cannot predict when the end will be. Because of the length of the journey we also know that many may come in and out of the process.

With this constant change it is important for us to reconnect around why we each of us are here. We checked-in as a way to reconnect with one another. 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 be present for this work.

Deb asked that we turn to somebody next to us and answer the question: “Why are you here this evening and, if it isn’t your first time here, why do you keep coming back?”

She asked that as you have this conversation to remember these three things:

- *Speak with intention – noting what has relevance to the conversation in the moment*
- *Listen with attention – respectful of the learning process of all members of the group*
- *Be aware of our impact – Tend to the well-being of each other; remaining aware of the impact of our contributions*



Assembly members share their responses to..

Why are you here this evening and, if it isn't your first time here, why do you keep coming back?

- To see how funding might shift in how Franklin County operates. We want a future for our children to be one that does NOT include a bankrupt health care system.
- To build neighborhood access to health care.
- To understand how to become a part of this as we move forward.
- The “health care dam” is leaking – here to figure out, at this level in the community, how we might stop the dam from breaking.
- To bring the voice of the Nurse Practitioners in the community into this work.
- This is my first time – I see that the Our Optimal Health project is fortunate to have 13 funders but only three are represented here this evening.

Open Space Technology



Marc Parnes came forward to open space for the assembly. He introduced this technology for those who were new. We use this technology to convene around questions and to have meaningful conversation take place. This evening we had questions from previous assemblies that we put in the center. There is also space for new questions to emerge.

There are several ways to participate in open space.

- Post a question – you could pick up one of the questions from a previous assembly or you could write a new question. There are two rounds in the market place, each with eight sessions. If you feel that the question you are posting needs both sessions then place your card across both sessions.
- 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

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

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

Marc opened the space around the purpose and the refined calling question:

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.

Refined Calling Question

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



Market Place Questions

Table	Round 1	Round 2
1	How do we assure the poorest of the poor move from the emergency room to the “wellness center”?	How do we assure the poorest of the poor move from the emergency room to the “wellness center”?
2	How will a neighborhood or community organize itself to achieve optimal health for all its citizens?	How will a neighborhood or community organize itself to achieve optimal health for all its citizens?
3	How might we, as a community, engage our elected officials in meaningful (bi-partisan) discussion about the equitable distribution of <u>our</u> public health care dollars?	With new people, new ideas from the past couple of assemblies, is there anything more we might want to add to our present calling questions? In other words, can it evolve further?
4	What can be done to help providers be better able to re-define their role in creating optimal health with minimum loss & damage to the system of care?	
5		How can we resurrect the Public Health System (KIA around 1980) and apply Public Health prevention & readiness principals to every disorder and disease, natural or man-made?
6	How will a community fund a health care system whose purpose is to achieve optimal health?	



Harvest from the Open Space Workshops

<p>Topic: How do we assure the poorest of the poor move from the emergency room to the “wellness center”?</p>	<p>Round <u>1&2</u> Table <u>1</u></p>
<p>How does your question move our community and each of us to optimal health? How will it really help? The group was not ready to answer this question. We are still exploring the parameters of the question and educating ourselves about the issue. (NOTE: This is the second discussion of a very complex question and we are just scratching the surface. Additional work needs to be done on this question and the resources of Our Optimal Health project will be requested in the near future.)</p> <p>New notions broached during the discussion included:</p> <p>Individual Education/Options</p> <ul style="list-style-type: none"> - We are not just talking about the poorest of the poor – even people with coverage do not access health care appropriately - For most people there is a great delay between the time you call your family physician and when you get seen. - Low wage workers must chose between working their hours and taking time of to get a medical issue resolved - What are the issues which the homeless population bring to the table (A place where help from Community Shelter Board is needed) - Health literacy needs must be addressed - The term “health care home” is confusing, the average person does not know what this means - What are the cultural issues which must be explored in answer to this question – education about life-long health care and a mindset change about “wellness” and recognizing that historical wrongs such as the Tuskegee Experiments living long in the cultural memory of the African American community <p>Perceived Lack of Health Options</p> <ul style="list-style-type: none"> - Patients who use the ER see the system as “working” – “I had a medical issue and went to the ER and it was taken care of.” - Once a person accesses the ER and gets their immediate health care need met and is given medication, there is a high likelihood that they will not be able to continue the medication due to lack of money. This also then perpetuates a myth within the family that the system is so broke that trying for wellness care is useless - There is a loss of continuity of care for a variety of reasons, one of which is that more Docs are becoming “hospitalists” not looking to private practice but moving directly to a hospital - Is it difficult to get care in Franklin County with a Medicaid card? - Lack of needed medications worsens a health issue and creates escalating health care costs <p>Issues with Available Health Options</p> <ul style="list-style-type: none"> - Emergence of “minute clinics” and we wonder do these facilities take the public medical card - Emerging trends where health clinics are wanting to provided a continuum of care - There is the question of capacity – can we handle all those in need as well as a question of coverage – there was a belief that in Franklin County we have enough providers to give full coverage, but if all those in need showed up we might not have the capacity to meet their needs - Belief that we have enough primary care providers, but probably not enough specialists - We wondered about the issues presented by providing care to immigrants or undocumented 	

<p>people recognizing most hospitals provide care without asking about citizenship and may continue care for extended periods of time without recovering cost for care (This would be a place to bring local resettlement experts into the dialogue)</p> <ul style="list-style-type: none"> - The current funding base is not working for sick and well care and the changes to the system need to start with the funding mechanisms 	
<p>What resources do you need? What do we need to help us take our next steps?</p> <ul style="list-style-type: none"> - Legislative changes: <ul style="list-style-type: none"> o NPO Hospitals should be required to have free/affordable health clinics based on a percentage of their revenue o Create pilots or use what's in urban and rural ares, which would be centers of excellence providing the best care available o Create a system of county hospitals - There should be more city/county officials involved in this work - Rec centers should be involved in this process since they have programming for the population in question - Look at the COC system of data collection for homeless providers and determine if this could be used in the health care field to help track patient "lifetime health records" 	
<p>Potential Actions</p> <ul style="list-style-type: none"> - There needs to be a comprehensive community based approach to the outreach, education and service provision using what already exists in the community <ul style="list-style-type: none"> o Start this process well before the person reaches the ER, with education to help clients/patients This should include education about what is realistic care – is there a point at which the cost of end-of-life care is so expensive compared to the result o Education should be multi-faceted, holistic and be directed toward business, parents, kids, schools and other important community institutions o Determine if the current system of hospitals and primary caregivers is/are educating adults and children about wellness o Wellness activities also includes community gardening and farmers markets in areas of the city which does not get fresh fruit and vegetables - Recognize the importance that long term wellness requires a societal commitment to change - Create 24-7 wellness centers for low income people - Reduce profit by requiring insurance companies to spend more of the health care dollar on health care 	
<p>Who else would you like to invite into this discussion?</p>	<p>Who is the contact person for this group? David Maywhoor</p>

Topic: How will a neighborhood or community organize itself to achieve optimal health for all its citizens?

Round 1&2
Table 2

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

Discussion from last assembly:

- *Diabetes project on near east side and/or interest in Clintonville to organize around health.*
 - o *Bring people together around health*
 - o *Funding*
 - o *Work*
 - o *Culture*
 - o *Normal part of life*
- *Don't force change, Support one another*

Projects/Ideas Already Developed

- Attempt in Grandview on coming together around wellness– no one showed.
- Block watch – like. Cancer Clinic hosted an event like this – 150 people attended.
 - o People want to talk about health care
 - o Have public officials come
 - o Create a list of what we have/need
 - o Create what we want
 - o If there isn't interest then we move on
 - o Bring in the different components of the health care structure
- Community as Franklin County
 - o Natural experiment in Massachusetts with universal health insurance – is that a motivator?
 - o OSU & Nationwide are experimenting with incentives for healthy behavior
 - o A company in a southern state is doing work around this – their approach is punitive financially but it is working
 - o Does type of employee drive what will work?
- “Adopt a school”, “adopt a bus stop” – why not “adopt health care” – what if we had within a designated radius the above vision?
- Does Healthy Communities have an assessment? Yes
- Outcomes assessment for Franklin County
- Healthy Places Programs
- Lifetime fitness has programs that offer: organic health foods, open gym, programs for children, classes, TEAM focus – different ways to stay healthy. Gives discounts to corporations.

What Needs to Evolve for Success?

- Build on existing infrastructure
 - o People get together around what they're familiar with – connect to things they are doing, i.e. church, school, beauty salon, work
 - o Lots of different subgroups in a community
- Assumptions that a neighborhood is a community
 - o If you build it they will come
 - o Invite vs asking what you want
 - o Start street-wide
 - o Ex: “school choice” – targeted neighborhood may have children attending multiple schools, both in and out of the neighborhood
- Pull people to wellness vs “keeping diabetes away” (as an example)
 - o Find out the healthy things they're doing
 - o Focus on wellness, not illness
 - o People don't think about health until they're sick
 - o Wellness scares people – they know what they need to do – have tried – have failed

- Affordability of good foods, etc. and understanding how to cook healthy.

What Works to Motivate People?

- People are self-motivated (must want the change) – Health/wellness is a community effort that needs to be modeled
 - o Cultural change
 - o Legislative changes to make environment healthy
 - o Community is the smallest unit of health
- Are organizations thinking about how to give time during work to do healthy activities?
- Relational model of counseling – rapport & trust
 - o 3 steps – ask open-ended question
- Incentive may be the worse case scenario
 - o Sometimes negative things become so common place, people don't know what it means to be well
- Optimal Health – well people get more well and sick people get well
- Link to the impact of physical health on mental health

Access

- People don't come to mobile units
- How would a neighborhood help sick people in their neighborhood to get well?
- Envision a way to create access
 - o Small storefront with 1 physician and 20 nurse practitioners – nurses trained in wellness first
 - o Take walk-ins
 - o Provide primary care/school physicals
- Using Nurse Practitioners to go into homes
- Gaps around conversations between health workers and patients
- Places for evaluations
- Figure out how to have Nurse Practitioners (home or site) – regardless of payer
- Pick an area (one who wants to be picked) – translate optimal health – ask are you as healthy as you want to be right now. Resurvey after a couple of years.

What are our next steps?


- Pursue offer of ABCD Institute coming to west-side neighborhood – if community is willing
- How does OOH find a community that would like to “play” with us? Franklinton
 - o Invite residents to Assemblies
 - o Go to the community – don't impose
- Host ABCD for whomever – invite multiple neighborhoods
- Need to expand our minds to understand all communities – not just focused on low-income
- Inform Neighborhood Associations – champion something meaningful
- Health Impact Assessment – some seminars coming up

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

- Nurse Practitioners in Clinics
- Opportunities for education around wellness – something new – something that changes behavior – personalize – at the home level
- How can we mobilize a community or neighborhood to do something? The doing is the challenge
- Bring experts in on motivation/change behavior
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Who is the contact person for this group?

Deb Crawford – host

<p>Topic: How might we, as a community, engage our elected officials in a safe, meaningful (bi-partisan) discussion about the equitable distribution of <u>our</u> public health care dollars?</p>	<p>Round <u>1</u> Table <u>3</u></p>
<p>What emerged for us tonight? What key insights did we have?</p> <ul style="list-style-type: none"> - Who <ul style="list-style-type: none"> o Elected officials o Include staff - What <ul style="list-style-type: none"> o Public health dollars <ul style="list-style-type: none"> ▪ Local ▪ State ▪ Federal o What are the outcomes/ROI? o Educate elected officials on health care system – how it really works <div style="text-align: center;">  </div>	
<p>What are our next steps?</p> <ul style="list-style-type: none"> - Things are too complex - Simplicity should be a goal - Consider changing “equitable” to “mandatory minimum” - Develop education approach for elected officials 	
<p>What do we need to help us take our next steps?</p> <ul style="list-style-type: none"> - Organize & engage - People overall agreed to meet and bring support 	
<p>Who is the contact person for this group?</p> <p>Jeff Biehl</p>	

Topic: How will a community fund a health care system whose purpose is to achieve optimal health?	Round <u> 1 </u> Table <u> 6 </u>
<p>What emerged for us tonight? What key insights did we have?</p> <p>Current Problems</p> <ul style="list-style-type: none"> - 25% to administration overhead - Billions not being spent on health care - \$ going to private insurance & lots of tests - Take profit motive out - \$ x 100 going toward last 6 months of patients life (80% of health care dollars spent at the end of life) - Uninsured still get treated, just less preventive care – backwards? - Ageism in health care – human dignity - Have to consider quality of life (29 yr old – uninsured vs 89 yr old – Medicare) <p>Ideas to Resolve Problems</p> <ul style="list-style-type: none"> - Sweden/Canada = National Health Care – “cradle to grave” <ul style="list-style-type: none"> o 80% toward taxes o Everybody has what they need - Single payer system where doctors are salaried and fund more money toward preventative care - Eliminate defensive medical practice out of fear of being sued - Prioritizing, i.e. England - \$ - City Health Department - St. Mark Neighborhood Center - Sliding fee scale - 2% Medicare - Transition from “United Health Care” – you’re making too much - Hospital: 1 = heart hospital; 2 = transplants - SPAN in Columbus - Idea that people believe in – they will come - Eliminate insurance companies - Better health care in other countries – better preventative care - ER to free clinics! - Discussion of different aspects (proportionality) of health care costs. <ul style="list-style-type: none"> o How can costs be limited for system as a whole? o Whole new system where actual costs are decreased and profits of health care providers (physicians, drug companies, etc.) are also decreased? o Single payer where only high-income population will have substantial tax increases. o Sweden (with cradle-grave healthcare) used as example. It was stated middle class people there have <u>no</u> discretionary income. 	
<p>What are our next steps?</p>	
<p>What do we need to help us take our next steps?</p>	
<p>Who is the contact person for this group?</p>	

Check-Out



Jerry Friedman hosted the check-out. He thanked everyone for working here this evening and invited them to the assembly on May 30. A record for this meeting will be posted on the website by early next week.

Before we left for the evening, Jerry asked that we take a few minutes and connect with one another around our purpose for being together tonight and around the work that was done. He explained that we would be checking out in the circle this

evening.

When we work in circle, we use the practices that Deb spoke to in the check-in. Jerry asked 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 picks the piece up and speaks. When you are through, you pass the talking piece to the left. If you receive the talking piece but are not ready to speak, you pass the piece on. It will come back to you as it moves around the circle.

Jerry asked that we check out around the question: ***What questions are you sitting with as you leave here this evening?***



Bringing Others Into This Work

- Can we bring elected officials into this work to speak with us?
- How can we make this group more representative of our community?
- How do we get other members of our community here? How do we become more diverse?
- People without access to health care need to be here – we might not be asking the right questions.
- How do we grow and how do we speak with our private voices?
- How can we get enough people to join us to take action to make a difference?
- Would we be approaching this differently if we, in this room, did not have health care coverage and

Building Momentum

- How do we continue to move forward and bring the collective ideas forward? How do we formalize these ideas? How do we keep the momentum moving forward and make change?
- How can a pilot project emerge from here?
- Wondering who will be the next person I talk to that can become involved in my question.
- Came with a question from last time – How do we rephrase our questions into action statements? We're writing down possibilities of next steps – feel encouraged that actions statements are being identified.
- Who will be the first person or group here to take action?

<p>our health care needs were not being met?</p> <p>Defining The Breadth of the Discussion</p> <ul style="list-style-type: none"> - There are lots of different opinions of what health care is and isn't. The total health care system is a system of treatment. Optimal health is a whole different world – not related to disease & illness. - This is broader than health care – health care is related to everything. How can a country that spends 15% of its GDP on health care compete in a global market? - Why do we talk around the concept of a single payer? Are we avoiding this discussion? - Struggle with the layers – federal, state, local. Thought this was about Franklin County but it takes you to other places. 	<p>Finding Hope</p> <ul style="list-style-type: none"> - The health care system is out of control. Can anything we do make a difference? - Came because of concern for the broken state of the health care system – it has been broken for a long time. Happy there is a group like this – hope there are similar group across the state and across the country doing the same thing. - Impressed with the group – it is keeping me hopeful – it is a wonderful way to begin to do something. - Can we persevere? There is hope until we find the answer.
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There were to additional questions related to the process:

- Heard some threads between the groups – when are we going to hear the commonalities?
- You should think about how the project is marketed – thought it was a “think tank” – didn't know there were resources to take action.
- How can we bring new people up to speed without having to repeat everything?

Thank you all for a good days work!

Our Optimal Health Project – Assembly 8 - Attendees

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|----------------------|-----------------|-----------------|
| Jaquetta Al Mubaslat | Nancy Lee | Mike Smeltzer |
| Ronald Berman | Jenny Madison | Ying Studebaker |
| Jeff Biehl | David Maywhoor | Pat Thrall |
| Phil Cass | Michelle Morgan | Ann Twiggs |
| Deb Crawford | Sally Morgan | Mike Tynan |
| Jerry Friedman | Bill Owens | Norma Tynan |
| Michael Hallet | Marc Parnes | Ana Villarroel |
| Ron Hammond | David Pigg | Ginnie Vogts |
| Deb Helber | Jessical Porter | David Weaver |
| Sandy Huntzinger | Ellen Rapkin | David Weinberg |
| Hae Rin Kang | Joseph Roel | Janice Wilcox |
| Carolyn Knight | | Sean Williams |