

WASHINGTON HEALTH CHOICES: TAKING THE PULSE OF THE COMMUNITY

APPENDIX D-MEETING MATERIALS

SAMPLE INTRODUCTION SCRIPT

Good morning. My name is _____ I am currently serving as a volunteer for the HumanLinks Project titled Washington Health Choices, Taking the Pulse of the Community. I will be facilitating today's meeting. With me is _____. She/he will be helping me and will record the key ideas discussed at today's meeting.

I want to thank you for offering HumanLinks the opportunity to present this project to your group and to thank _____ for helping to arrange the time.

Humanlinks is a Foundation created to address issues of health care, sustainable agriculture and education. It's current health care initiative, Washington Health Choices, has been developed with three goals in mind.

1. Gather citizen input for health care decision-making
2. Provide citizens with education on health care issues
3. Build collaboration among policy setters, community and industry leaders to improve health care access

The ultimate objective is to identify and develop the elements needed for a sustainable and fair health care system. Sustainability will be measured in terms of people, services, facilities and funding, and fairness will be determined by citizens and their neighbors as they express their values in community meetings like this one today.

Our partners in this effort include the:

Washington Health Foundation,
Washington Academy of Family Practice,
University of Washington Health Policy Analysis program,
Governor's Executive Policy Office
Public Health, Seattle and King County,
Overlake Hospital Medical Center
Evergreen Healthcare
Regence Blue Shield

These partners are interested in using the input from the community meetings to help them create policy and implement changes in the current health system. This meeting is one of many being held in East King County. East King County is being used as a pilot site to test this process and survey tools. Following completion of the pilot effort, the process and tools will be examined, revised as necessary and then used in meetings to be held statewide.

An earlier version of this project was conducted statewide back in the early 1980's and was used to influence health care reform.

At today's meeting we will view a video that highlights some of the major questions and issues regarding our health system. The video includes sections from the 1980's version of the project as well as new sections for 2001. Following the video we will have an opportunity to discuss these issues and each of you will be asked to record your responses to a survey.

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DISCUSSION FORMAT

1. Show the video
2. Ask if anyone has questions
3. Ask the group for a show of hands in response to the following questions.

(This is intended to let the group get a sense of who the other participants are at the meeting and to think about the community more than just themselves as they respond.)

- a. How many of you have children living at home?
 - b. How many of you are caring for elderly parents?
 - c. How many of you have had a medical emergency for yourself or someone in your family in the past year?
 - d. How many of you have been in the hospital in the past year?
 - e. How many of you have been without health insurance at some point within the past two years?
4. Share the ground rules for the meeting
 5. Options for leading discussions may include, opening the discussion up for general comments, referring to the questions from the video or using one or more of the scenarios. It will be up to you to determine if you are going to use the scenarios or if you feel there is enough general discussion without using scenarios. You can pick and choose from the scenarios. If you elect to use the scenarios, ask the set of questions for each of the scenarios. Throughout the discussion:
 - a) Keep the group focused on thinking that this is their neighbor, their family member or member of their community
 - b) Probe respondents by asking-Could you elaborate on that?
 - c) Ask for a show of hands every so often to see if the whole group agrees on what is being said – Is this what most people think?
 6. Touch base with the recorder from time to time to make sure he/she has gotten the general themes.
 7. Bring the discussion to closure. Summarize what has been discussed and then ask the participants to complete the survey. Let them know that the notes from this meeting together with the responses to the survey will be compiled with responses gathered at other meetings. A final report of findings will be compiled and shared with all the receptors.
 8. Ask if anyone knows of other groups they think would like to have a meeting. Get contact name and information.

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GROUND RULES

The group facilitator will remain neutral on topics that are discussed

Everyone is encouraged to participate.

Everyone has an equal voice. Leave your status at the door.

The purpose is to have an open dialogue, not a debate

No one or two individuals will dominate.

An atmosphere of respectful listening to each other is desired.

One person talks at a time.

Respect confidentiality when requested.

Acronyms and other jargon should not be used and clarifications should be provided.

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QUESTIONS ASKED IN THE VIDEO (OPTIONAL)

1. Is the way we pay for health care fair?
2. Is our health care coverage fair?
3. Can we sustain the cost of our own risky behaviors?
4. Can we sustain the cost of our community values?
5. How do we sustain the balance between cost and need?
6. Is our health care system sustainable?

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SCENARIOS FOR MEETING DISCUSSION (OPTIONAL)

Scenario 1: The baby with asthma

Young parents have a 2 year old with severe asthma. Both parents work, but their employer does not provide health insurance and they don't feel they can afford insurance. Their toddler has had several serious asthma attacks and has ended up in the hospital emergency room.

Scenario 2: The independent Teen

A nineteen year old female who was living on her own and working at a 40 hour/week retail job which pays minimum wage. Her employer does not provide health insurance. After paying for her housing, bus pass and food, she feels she can't afford her asthma drugs. She has a severe attack of asthma and ends up in the hospital emergency room.

Scenario 3: The wife with lupus

What about a thirty-one year old woman who has asthma related to her lupus. She is taking a new research drug that costs \$1,000 per month. Her insurance will not cover the cost of the medication. She and her husband work full time, but do not earn enough to pay for the medication and still pay their bills. As a result her asthma continues to flare up and she regularly loses time from work. She is thinking it might be better if she opens her own business but isn't sure how she can afford health insurance.

Scenario 4: The chronically ill elderly

A sixty-five year old woman who has smoked all her life develops emphysema. Medicare pays for some of her health needs, but not all.

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DISCUSSION QUESTIONS FOR USE WITH THE SCENARIOS:

Person

Do we as a community feel responsible for ensuring this person can get access to health care? If yes, why does this person deserve access? If no, why not?

What responsibility do you feel that this family/individual has for his/her own health?

Services

Should citizens who can't pay for their health care get the same kinds of health care services that those with insurance use? If no, what services should they not be able to access?

Should people who can't pay for health care be offered free or low cost preventive services in an effort to reduce their health care problems?

Facilities

Should facilities be able to deny care to a citizen who cannot afford to pay? What if the facility could not afford to care for all of the low income and uninsured?

Should there be government supported facilities that just care for people with no means to pay?

Funding

Do you believe that an individual has a responsibility to help pay for their health care?

If yes, why? If no, why don't you think they should help pay?

What is a reasonable amount that low income uninsured should pay for their health care?

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Meeting Record

Date: _____, Location _____ (city)

Group: _____ Number attendees: _____

Recorder's name: _____ Facilitator's name _____

Questions asked after video presentation/ Discussion of questions.

Record number of hands raised in response to following questions:

- a. Children living at home _____
- b. Caring for elderly parents _____
- c. Had a medical emergency in past year _____
- d. Been in the hospital in the past year _____
- e. Been without health insurance in past two years _____

Scenario discussed: baby, teen, working woman, senior citizen

Comments:

Recorder comments (continued)

Other groups interested in having a meeting. _____
Contact name _____, phone number _____

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Recorder Checklist

Take to every meeting:

- Video
- Pencils
- Suveys (enough for all participants)
- Meeting record sheet(s)
- Resource materials

After each meeting mail the following to Humanlinks Foundation:

- Completed surveys
- Completed meeting record sheets
- Resource materials (if you are not doing any more meetings)
- Video (if you are not doing any more meetings)

Mail or deliver materials to:

Julie Davidson
Humanlinks Foundation
15621 175th Ave NE
Woodinville, WA 98072