

Visioning 2026

Dialogue Group Meeting Notes: Wellness and Health August 22, 2006

Attendees: Dianne Blinn, Cindy Baum, Diane Bryant, Bob Dudley, Ron Forsell

Facilitators: Shellee Honcik, Mike Brogan, Melissa Clausen, Jennifer Adams, Pam Carlson

An overview of Visioning Process Dialogue Groups, Symposium and Focus groups was given by facilitators Mike and Shellee. Visioning was described as the process of moving toward the future as a community looking for connections within itself.

Discussion of Wellness Icebreaker

The group was divided into sets of 3's and 4's to discuss future trends in the form of multiple choice questions.

Trends of voice in and voice out technology, genetic treatments, diagnostics, neural implants as discussed during icebreaker. Also these discussions piggy-backed into discussions of ways of learning, and gap in generations.

Many of the topics discussed overlapped and piggybacked each other. I have tried to organize them into topics.

Questioning Insurance:

Insurance in wellness how is it going to work?

Prevention vs. cure for problem.

Costs of insurance, production of health related items and services outsourced to other countries

Numbers of people who will be relying upon Medicare and Social Security income for support increasing with the aging of Baby Boomer population

Rising costs of health care has led people to leave the US for procedures not covered by insurance to defray costs, some insurance companies are promoting a "Club Med" practice of health care; clients have procedures and recuperate abroad

Aging in Northeast NE:

Discussed that we already have a large population of older citizens Point was made about aging and obesity that there seems to be 2 ends of the spectrum: baby boomers who are very concerned about there health and appearance the overweight population

Recognizing value of health:

Employers and companies paying toward costs of wellness programs. Shift in hospitals and care toward holistic care, healing garden, yoga, and exercise.

Value of care in choosing a place to live, when people are looking into moving to an area they look at the medical services available, what insurance the providers take and specialists who treat in the area

Value of exercise in choosing a place to live was also discussed people look for what type of fitness centers and quality are available for use within the community

Lifestyle as being a factor in health:

Obesity, obesity, obesity...

Understanding of food and its health benefits such as food pyramid Increase in eating fast food because of convenience and cost Decrease in walking and movement as daily routine and survival, how do we get people out walking and moving about as a fit for life motivator
US Culture vs. European US often portrays exercise for children as competition and not fitness for life View of lack of time to exercise Perception and culture play a large role in health

Technology in Health Care

Telemedicine

Diagnosis of disease without leaving home, smart homes & expert systems that will help monitor your health and diagnose problems

Portability of medical records was discussed medical records being linked nationwide to so that tests and information provided to doctors is seamless. Either via flash drive, nationwide networks, skin implants with "bar code type info" to link to network of personal health care info. HIPAA regulations have outlined standards of security in portability of health care records.

Advances in procedures that have led to shorter recovery times and less invasive surgeries and procedures looking to the future with less and less surgery more cameras, pills and preventative measures to end disease

Drug Use and Wellness:

Drug use methamphetamine very big in Midwest, voice of mid-westerns to stop its spread

Changes in Mental Health care:

Norfolk Regional Center and move toward community based treatment

Getting the message out:

Using state legislators to spread the message of wellness, congress person Using regional hospital as wellness center YMCA as wellness center

Other topics

Pre-disease/Prevention:

People seek medical treatment an average of 4 years after the problem really began.

Availability: People can't use if they don't have it, build it they will come i.e. bike paths. Example: popularity of Skyview Lake for walking, running and biking

Visioning 2026 Session 2

Wellness Dialogue Group August 29, 2006

Shellee welcomed the group and explained briefly the visioning process and the role of the dialogue groups. The groups was then divided in half to discuss what trends we believed were the most important in the area of wellness.

Group I

Shellee led a discussion of the prior week's topics and high points of discussion.

Topics covered in this discussion included:

Insurance: Discussion of Club Medic, Medical Tourism cheaper surgeries in foreign countries how will insurance react, paying for us to go to another country for a surgery. Ex: face-lift for 20,000 in US and 1200 in South Africa, Thailand, India and Costa Rica, recovery in Luxury hotels or with residents of the country.

-Aging of Baby Boomers: Two Groups Very Concerned about Health and Wellness—Not at all concerned about health and wellness obesity

-Lifestyle has changed to things moving faster and quicker less physical activity. Eating styles have changed that we are looking for speed. Teens in the future will need knee replacements due to lack of calcium and obesity of teens to much weight on your knees

-Technology in Medicine: telemedicine and portability of health care

After the overview of the last dialogue group meeting the group discussed items from the previous week and what we believed was important. The consensus of Group I was that the biggest single factor in wellness was prevention based on lifestyle changes (diet and exercise).

The discussion included many topics:

Schools: current law to change school lunch menu to make them healthier and the law that was behind it that also measures activity levels of the students. Ronald gave us his perspective as a high school student regarding his activity and his peers regarding the amount of physical education that is offered and who takes it and why. He shared that student athletes often take gym as a part of their participation in a sport and that training is available to them in the off season. He noted a decline in non-athletes when they have met the requirements set by the school. He spoke about changes he has noted in school lunches this year, pop machines and menu.

Facility space was discussed enough space for kids to participate in intramurals. Keeping physical activity up year around not just when you are playing a sport or for those who enjoy an sport but wouldn't be able to participate at a high school level.

Fast food: its convenience, cost and how it is a part of culture. On the go it is much easier to eat the burger and fries rather than a salad. Cost of the healthier items on the menu's are higher.

Exercise:

Use of work out facility to decrease insurance premium costs, if you used the specified facility then your insurance cost was decreased by employer's health care provider. Provides increases in membership and use of facilities and brought health insurance companies into the prevention side of wellness.

Costs of membership to the workout facilities can detract from its use. Pride can be a factor in not asking for reduced membership costs from facilities that offer this type of "scholarship program"

Companies offering services of wellness coordinator: already happening locally Affiliated Foods

Organic foods have higher costs; junk foods are low cost per ounce. People are price sensitive to some healthy foods but are not price sensitive to their favorite junk food.

Short term costs of paying for "healthy" food or organic food vs. long term benefits of better health and environment (no heart attacks and preserved land)

What underlying values do we see that are out there that will move us to better health in the future?

Competitive sports and wellness, don't see activities that are wellness whole life health

Use of the YMCA as wellness for older boomers, senior strength and moving beyond the walls of the Y to reach seniors in the facilities they live in. How will this facility prepare to have a larger population of older citizens? How will they make them interested in returning to the Y or trying it for the first time?

Space: paths for biking, walking space for wellness activities

Gardening as a way of exercise and diet increase, buy-in from children about eating healthier foods

Education and its importance: Where you learn your habits/lifestyle. Combination of school and home, recipes and meals you prepare are similar to what you ate growing up. Modeling adult lifestyle based on parents

Change in overall lifestyle where we have to do less physical work to survive. Convenience of Norfolk able to pull up in front of stores, don't have to walk from public transit system to location, etc.

Group II

Greater broadband capability: other areas but greater broadband will assist in computer monitoring of older Americans, telemedicine and its ability to anticipate medical problems before they occur and after symptoms are apparent diagnose the disease

Health care and Norfolk as a center for care, pushing for better quality and cost to draw patients from the surrounding areas

Education of youth/others self-care prevention
Nutrition and exercise both physical and mental