Conversation on Health Process

This chapter contains the following topics:

- General Comments on the Conversation on Health
- Engagement
- Costs and Accounting
- Forums

General Comments on the Conversation on Health

Comments and Concerns

Reason for Holding the Conversation on Health
Process
Information and Advertising
Web and Phone Engagement

- Comments on reasons for holding the Conversation on Health:
  - Some of the ideas being expressed are in fact already being facilitated through government funding initiatives.
  - I applaud the government for taking the initiative to have this dialogue with the people. There have been lots of great ideas that are bang on.
  - The Conversation on Health is focused on health care expenditures, not value for money or improved health outcomes.
  - The Conversation on Health is an effort to convince British Columbians of inaccurate or erroneous information about health and health care.
  - The agenda is politically ideological.
  - Decisions have already been made. The process has no integrity.
  - The opening foundation for the Conversation on Health, to build a sustainable public health care system, contains an inherent bias that will direct the discussion towards a pre-conceived agenda.
  - The opening information creates fear among the public, which is manipulative.
  - The health care budget clock on the website is fear-mongering, crass, distracting, suspect, and obnoxious.
  - The Conversation on Health is a political initiative intended to demonstrate action, without taking action.
The main reason for the Conversation on Health is to see if British Columbians are open to privatization, or to convince British Columbians to adopt a United States style of health care.


The fact that the information suggests that the elderly cost the health care system too much is disgraceful.

The Conversation appears to be about costs, not about health care.

The Government of British Columbia is not prepared to consider the difficult solutions or even experiment with solutions.

The British Columbia Health Coalition says that health care is not sustainable.

Government cannot run health care rationally due to the ideological nature of politics.

The Conversation on Health does not cover homelessness.

It is important to hold the Conversation on Health.

It is important to recognize that the health system is not sustainable.

The Conversation on Health promotes community ownership of the health care system.

The way the Government framed the issue revealed that it has already made up its mind that the answer to our health care challenges is a greater role for private health care and a proportionately smaller role for public health care. Obviously, if it is interested in a legitimate conversation to determine British Columbians' wishes regarding our health care system, it would never have tried to frame the debate as negatively as that.

Comments on the process of the Conversation on Health:

The structure of the conversation, with its meaningful engagement of the public, health professionals and patients, is a breath of fresh air.

The Conversation on Health connects people, and shows people that they are not alone in their views.

While current political rhetoric significantly evades touching on the issues so often raised in the process of the Conversation on Health pending evidence of the action phase, our view of the potential outcome remains optimistic.

The process appears too controlled.

Similar initiatives have not resulted in anything positive.

The general population cannot make informed decisions or suggestions around health care. The Government of British Columbia should only be discussing health care with health care professionals.
There have been too many conversations and dialogues on this topic and not enough action.

Do not spend money on expensive trips to Europe.

There have been enough studies that we now know what to do; we just need to do it.

The Government of British Columbia should not ignore the results of the Romanow Report.

Input will be filtered and the Conversation on Health will only print opinions and ideas consistent with those of the Government of British Columbia.

The system did not breakdown overnight and we all know something ought to be done, so the Conversation on Health is a waste of money. A business person could turn this situation around.

There is too much focus on complaints and not solutions.

The report from the Conversation on Health will not be read or acted upon.

The Government of British Columbia will simply cherry-pick what they already intended to do from the record of the Conversation on Health.

There is insufficient participation in the initiative to rely on the results in order to make changes.

There is no emphasis on the need to discuss accountability and governance.

Experience with the failings of the system is what drives many of us to participate in these online discussions and offer alternatives.

There is no coordination of the Conversation on Health with initiatives happening right now.

There is opportunity for all to have input of concerns and suggestions regarding the provincial health care system.

We appreciate those who participate in the Conversation on Health.

The Conversation on Health will encourage ideas that are worth looking into.

This process has embodied the true spirit of public consultation through its broad reach, transparency and variety of mechanisms for engaging the citizenry throughout British Columbia.

The Conversation on Health is a start at solving the problem.

The Conversation on Health is an important means to help health professionals and the public give input and share viewpoints about the way the health care system is managed and the type of health care system British Columbians would like to see in the future.

The Conversation on Health will encourage British Columbians to make a statement on what Canadians should expect in the way of services and the new way of delivering these services at a cost that is reasonable and sustainable.
The ideas identified have merit.

I believe it is very important to get the grassroots input, and that coupled with the very knowledgeable bureaucrats, should give a sound direction to the future of our health program.

It is a very democratic process.

It is terrific to see so many people taking part in this.

It is amazing that any government has the courage to open a dialogue about such a sensitive issue.

This initiative provides a mechanism to engage all British Columbians in a collaborative effort to identify ways to improve health care and to recognize that choices and tradeoffs are required to ensure the program remains sustainable.

Conversation on Health participants have been constructive in their criticism of the system and have put forth concrete solutions.

Community creativity provides us with many innovative solutions. We need to share these ideas.

The Conversation on Health provides a critical opportunity to dialogue with the government and the public about challenges facing the health care system and the role that innovative medicines can play in improving health outcomes, building a knowledge-driven economy, and ensuring sustainability.

Compared with the traditional way of developing health policy by commissioning an elder statesman, or eminent provincial academic, the Conversation on Health is a breath of fresh air. With its forums, website, newsletter, and on-line discussion groups, an open structure has been created that supports a transparent and well resourced initiative. With the process and structure in place we can now look forward to outcomes that should be responsive to health consumers and providers in British Columbia.

The BC Nurses' Union has addressed all the issues in this brief to governments at all levels for many years. This Conversation on Health is just the latest in a long line of consultations in which we have participated.

From the ways the government has set up the exercise and articulated the issues, we cannot be optimistic.

When the Premier announced The Conversation on Health, I was highly skeptical that the process would involve a legitimate, democratic “conversation” with the people of British Columbia.

If this Conversation on Health exercise allows the Province of British Columbia to identify future policy options and strategies to move towards a more sustainable healthcare system it will be a resounding success.
- **Comments on information and advertising:**
  - Television advertising is a waste of time and money. Spend television advertising money on health care.
  - The house holder is a waste of money and was too large.
  - Information in the conversation starters is wrong.
  - The information is inherently ageist and directly blames the ageing population for the growth in spending.
  - Some of the questions in the house holder and conversation starters are leading to specific answers.
  - More advertising is needed for the forums.
  - There is no mention in the material of the cuts in federal transfer payments to health care.
  - *Did You Know* section on the website is misleading because it does not break down health care costs (for example, into capital and infrastructure and direct service costs).
  - There is a defeatist attitude shown in the way the government talks about unsustainable health care, ageing population and so on.
  - The whole initiative is structured around financial problems, which limits its utility.
  - Information inconsistent with the government view should be posted if the process is really open to all ideas.
  - The media only makes negative reports.
  - Nanaimo is misspelled in the advertising.
  - There is insufficient information available on complementary and alternative medicines.
  - The $35 million figure on the house holder grabbed attention and encouraged participation.
  - Weekly reports have been useful in allowing for expansion on the ideas or proposals that some may have.
  - The house holder is a good thing. We do not want a United States model and the contents of the flyer remind people to look after the one we have.
  - The house holder explains in clear writing what the problems are and what the costs are going to be.
  - We are concerned that these claims [on the materials and advertising] are motivated by a desire to convince British Columbians to opt for more user pay, private for-profit health care schemes favoured by some in government, rather than an attempt to improve public health care.
• **Comments on web and phone engagement:**
  
  • Little weight should be given to the results of the web poll. The nature of the questions will skew the answers. The fact that the strongly agree option on the web poll is already chosen will tend to skew the answers.
  
  • The postings appear to be screened.
  
  • The online poll is not statistically significant.
  
  • References to other sources in participant submissions posted to the website are removed.
  
  • The Web information is quite tedious.
  
  • **Technical Issues:**
    
    a. There is concern that some would not be able to participate through the web submission function (What’s On Your Mind) due to technical complexities.
    
    b. The website registration did not work and was too cumbersome.
    
    c. Links on the website did not work.
    
    d. The web site is slow.
    
    e. Those with slow internet connections could not work with the website due to the videos.
    
    f. Hold music on the 1-800 telephone line is bad.
  
  • Rules of conduct for the online dialogue were seen as a gag order.
  
  • Some are using the online dialogue as a way to make comments about the Government of British Columbia.
  
  • The phrasing of online dialogue questions is leading.
  
  • There is no verification that a web poll vote has been received.
  
  • There is no provision for the hearing impaired.
  
  • *Your Questions Answered* does not answer the questions directly.
  
  • Some online dialogue questions are loaded and leading.
  
  • It is a handy and attractive looking website.
  
  • Nice job on the website.
  
  • The phone line employees were helpful.
  
  • I submitted website links in the online forum to pages which noted ways in which we could save millions of dollars by improving patient access to some modalities. These were not included. In other words, the government is saying that this site has been created simply to let the public blow off steam and then accept being ignored!
Ideas and Suggestions

Reasons for Holding the Conversation on Health
Process
Information and Advertising
Web and Phone Engagement

• Ideas about the reasons for holding the Conversation on Health:
  • Continue to lobby the government for more funding and to dispute their figures.
  • Listen to the nurses.
  • Pay attention to the Romanow Report.
  • Hold a two day strategic planning process and report on progress around the plan quarterly.
  • The Government of British Columbia should really listen.
  • Focus on improving health outcomes.
  • Governments, both federally and provincially, need to take a hard look at the challenges facing health care systems, and set aside the rhetoric.
  • The success of the Conversation on Health will be measured not only by whether the subsequent changes improve sustainability, but also by whether the system provides care when people need it. This includes the need to ensure access to care for the most vulnerable members of our society.
  • A critical outcome of the Conversation on Health must be to implement practical changes that make realistic, objective and measurable improvements in access to care.
  • Move to action.
  • Do not hold a Conversation on Health.
  • Broaden the scope of the Conversation on Health so that it includes topics outside of health care deliver and includes other services and issues which have an impact on health care.
  • Follow the Conversation on Health with information on health promotion.
  • The changes proposed by Government should be reviewed in peer-review journals.
  • Listen to the results.
  • Use a Citizens’ Assembly structure to address health care issues.
  • The outcomes from this Conversation on Health process must produce a listing of important, sustainable actions.
• It is critical for the government to seek to balance these many competing interests, rather than make your decisions based on the volume of submissions mustered by one camp or the other.

• Ideas about the process of the Conversation on Health:
  • There should be a report back on the progress in health care at least quarterly.
  • Members of the Legislative Assembly (MLAs) should hold public forums in local communities rather than wasting money on this initiative.
  • Stop undertaking consultation exercises and take action.
  • We need strong leaders who think outside the box and have a vision and a passion that supports the well being of everyone they represent.
  • Have a Canada-wide conversation at various medical colleges and institutions that would focus on a five-year outlook and sound implementation of policy with a strategic selection of participants.
  • Have more forums modeled on town hall meetings, regularly scheduled, where people can ask questions, receive answers, and provide input.
  • Do regular random patient surveys.
  • Engage stakeholders and others in the development of new policies and actions arising from the Conversation on Health.
  • We need to assure that evaluation of the system is thorough, consistent, ongoing and responsive to individuals. The services the health system provides make up part of what is needed to create and maintain a healthy lifestyle.
  • Engage in the Conversation on Prevention.
  • Have an ongoing Conversation on Health or an ongoing dialogue on health.
  • Creating a conversation also means that we are very hopeful that the listening, the analyzing, the prioritizing and the humanizing of decisions will follow.
  • From the Conversation on Health, develop a strategic health plan for health authorities to follow.
  • Keep solutions within the framework of the Canada Health Act.
  • Take three bold actions from the Conversation on Health, not a hundred little ones.
  • Create a national conversation on health.
  • Support these initiatives in order to better inform decision-makers about important public policy decisions.
We hope the action plan arising from this process will demonstrate a strong vision for a future which focuses on patients' needs and their safety. In developing the action plan, we hope that the various components of the change citizens deserve will inform the process and be addressed in a clearly observable manner, first in planning and shortly thereafter in the experience of primary health care providers across the province.

This is a good beginning but we want some assurance government will listen and act on the public input. Keep up the engagement.

- **Ideas about information and advertising:**
  - Add links on the website to alternative views and perspectives on health care.
  - Questions posed should be open-ended, not rhetorical.
  - Ensure that we report on positive health care stories.
  - Do not group mental health and addictions together.
  - Provide a glossary of terminology in the final report.
  - Provide executive summaries and links to key reports such as the Romanow report and the Report on the European Fact Finding Mission.
  - Do not use television advertising.
  - Improve and increase advertising for forums.
  - Look to evidence that health care is putting information out to the public.
  - Use plain language.

- **Ideas about web and phone engagement:**
  - Keep the online dialogue going after the Conversation on Health is over.
  - Web poll answers should all initially be blank.
  - Move electronic written submissions to the What We've Heard section.
  - Make the website more user-friendly and accessible and more appealing (less bureaucratic).
  - We need more information on the website on costs, and breakdowns of costs.
  - Send a confirmation when a registration or input is received.
  - Eliminate the health expenditure clock.
  - Provide a topic search function.
  - Change the wording on the online dialogue questions so they are less leading and more open-ended.
  - Ask demographic questions of participants to better understand trends.
  - Have a neutral person review the website to identify navigation problems.
Outstanding Questions

Where can we see what everyone has submitted?
Are there forums for health professionals?
What are the next steps?
Are the comments on the website edited?

Engagement

Comments and Concerns

Engaging All British Columbians
Engaging Health Professionals
Engaging Rural British Columbia

- Comments on engaging all British Columbians:
  - The poor in British Columbia do not have the time or money to participate in the Conversation on Health.
  - Information collected will not be representative of all British Columbians.
  - It is primarily middle class people in attendance at forums.
  - There is lack of access by Aboriginal people on reserves to the Conversation on Health due to lack of phone and internet services.
  - There should be more forums in the north.
  - Caregivers of dementia patients may have found it difficult to participate in the Conversation of Health, so few were able to spare the time to attend.
  - Those people who opt not to participate are from the two more important groups: the funders of healthcare and the users of healthcare. These two major groups end up relinquishing control over the future of the systems to those who benefit directly from an expansion the current system.
  - It tends to be groups with particular agenda or interests they wish to advance that are called to action. The majority of ordinary British Columbians sit on the sidelines observing the process.
  - An important public initiative like the Conversation on Health presents an open invitation to any and all stakeholders to weigh in on the debate.
• **Comments on engaging health professionals:**
  
  - You need to engage health care professionals in the Conversation on Health and in public forums.
  
  - Separating health care professionals from the members of the public means there will be no direct exchange of ideas.
  
  - Employees of health authorities should not be banned from participating.
  
  - Implicit in this separation (if one was to adopt a negative view) is also that health professionals are biased, self-serving and as such their perspective is less valued.
  
  - No interest-group is more important than any other.
  
  - Some health professionals may be intimidated about being in the room with doctors.
  
  - There was lack of clarity that there would be separate sessions for health professionals.
  
  - I wanted to share my ideas, but I’m frustrated that the nurses and hospital workers at the meeting managed to elbow their way to the front, take control of the conversation, and create the impression that the general public is somehow in the know that the current system is just fine, and just needs more money.
  
  - I would like to speak but I worry about the consequences this may have at work in a public health care facility. We do not really have freedom of speak in this country, do we?

• **Comments on engaging rural British Columbia:**
  
  - Rural issues were excluded from the house holder.
  
  - Rural British Columbians were not effectively included in the forums due to the long distances between centres.
Ideas and Suggestions

Engaging All British Columbians
Engaging Health Professionals
Engaging Rural British Columbia

• Ideas about engaging all British Columbians:
  • Invite all British Columbians, stakeholders and organizations to participate, even those that disagree with the Government of British Columbia’s positions.
  • Create informed debates with knowledgeable people to inform the discussion.
  • Hold Aboriginal and youth forums.
  • Hold a focused workshop on primary care.
  • Follow different patients through the system to see how they are treated.
  • Engage all ministries in order to deal with all social determinants of health.
  • Hold a separate session on mental health.
  • The Government needs to take a leaf out of industry’s books: listen to the consumer; weigh what the consumer is saying; and make inroads on overcoming the shortfalls identified.
  • It is imperative that the solutions and ideas be treated with the utmost respect.
  • Hold aboriginal forums.

• Ideas about engaging health professionals:
  • Include front line workers in the Conversation on Health.
  • Send a questionnaire to all health care workers.
  • Health care workers and the public should participate in forums together.
  • The Minister of Health should undertake surprise visits to health facilities to see what they are like.
  • Remove the gag order on health care workers’ participation in the Conversation on Health.

• Ideas about engaging rural British Columbia:
  • There should be a survey of doctors of specialized medicine who travel and hold clinics in Northern British Columbia and a survey for the patients who received treatment from them.
  • Hold more forums in the north.
  • Include information on northern and rural issues in information packages.
  • Create a rural issues report from the Conversation on Health.
Costs and Accounting

Comments and Concerns

Costs
Accounting

• Comments on costs of the Conversation on Health:
  • Investment should be made in health care, not the process of the Conversation on Health.
  • Investment should be made in health care and housing before the Olympics.
  • The Conversation on Health is an effort to bankrupt the public system in order to support privatization.
  • Figures quoted by the Government of British Columbia amount to $10 per day per person for health care, which is sustainable.
  • Growth in health care spending has remained consistent as a percentage of the Gross Domestic Product and is therefore sustainable.
  • The $10 million for this Conversation on Health could have been better spent on health care.
  • We need clear facts on costs across the health care system.
  • The initiative could have been undertaken much more cheaply, for instance, just through surveys and e-mails.
  • Don’t waste government money. We need less talk, and more action.

• Comments on accounting:
  • The Ministry of Finance statistics relating to the total amount of the budget which will be used by health care in the coming decades were vague.
  • We reject the grossly misleading claims from the government that if nothing is done, health care could consume 71 per cent of the provincial budget by 2017.
  • We are concerned that government claims about unsustainable health care spending are deceptive, if not outright false.
  • Large tax cuts have superficially inflated the percentage of the budget taken up by health care. This is the kind of slight of hand that the provincial government has used to fabricate a crisis where none exists.
Ideas and Suggestions

Costs

Accounting

- **Ideas about the costs of the Conversation on Health:**
  - Use the Gross Domestic Product measure to accurately reflect growth in health care costs.
  - Spend money on health care not the Olympics.
  - Use the $10 million to design a health care system that addresses the challenges.
  - Do not hold expensive forums: just gather information through web, phone and email.

- **Ideas about accounting:**
  - Provide information on health care costs which is clear, complete and broken down.
  - Clarify what procedures are publicly-funded and how much they cost.
  - Discuss issues associated with federal transfer payment cuts.
  - Pick a baseline year, such as 2000, and then numerically quantify the actual growth that has occurred through 2005 in the health care services that are most important to us, such as the availability of family doctors, specialist physicians, nurses, other critical health care professionals, ambulance staff and vehicles, hospital emergency facilities, hospital treatment facilities, hospital beds, diagnostic services, surgical and other treatments and therapies performed, long-term care facilities, and so on. Then, continue to inform us by projecting the extent to which each of these elements of the health care system must expand in the future in order to meaningfully reduce all wait times to a level acceptable to the population at large and at the same time, fully respond to the increased demand for health care services that will result from population growth, from expected demographic changes, and from improvements in medical technology, over the next decade, say, from 2007-08 through 2016-17 or beyond.
Forums

Comments and Concerns

Information About and Attendance at Forums
Participant Feedback
Session Evaluations

• Comments on information about and attendance at forums:
  • 100 participants are not sufficiently representative.
  • A limitation on the number of participants limits the true measure of concern around our health care system.
  • There should be more forums in more communities.
  • Hopefully not only health professionals will attend, because useful information can be had from users of the system.
  • Politicians do not stay at the forum to hear all of the input.
  • The people in attendance will not know anything about what they are recommending.
  • People with vested interests should not attend.
  • Participants will be screened.
  • There is lack of clarity around where and when the forums will be held.
  • Information about forum registration came too late.
  • People cannot attend forums outside of their Health Service Delivery Area.
  • Some people who registered complained that they were not randomly selected to attend the forum in their area.
  • The forum in Vancouver is difficult to attend for someone from the Sunshine Coast.
  • There should be more than one forum in Vancouver to allow for more participants.
  • Substitutes are not allowed, even if they show up at the event, when a participant cannot make it.
  • People should be allowed to walk in.
  • There is an inherent self-selection bias because only people with a vested interest will sign up.
  • The registration process was unclear.
  • There are benefits to pre-registration.
Comments from forum participants:

- Participants enjoyed the day and the format.
- Participants are skeptical about whether the results will be considered in future health care planning.
- The facilitators did an excellent job of keeping the discussion on track.
- There were too many special interests in attendance.
- The facilitators were earnest.
- The day was smoothly run.
- Material provided in advance was biased towards a government perspective and pushed privatization.
- There is a concern that the Province of British Columbia will interpret the information gathered at the forum to suit its own interests.
- Participants appreciated that facilitators were public servants.
- A broad array of topics were discussed.
- Forums can give politicians the power to implement change.
- It was a superb process for getting input in a disciplined, yet open manner.
- It was a great process. The Conversation on Health should be commended for organization and pre-planning.
- The idea of packages distributed prior to forums for preparation was excellent.
- It was an excellent process that truly gives people the opportunity to voice their concerns, and also creates an obligation for everyone to listen.
- Participants gained brilliant insight, awareness and passion from citizens with a variety of backgrounds.
- It was a good exercise in citizenship and democracy.
- The Courtyard Cafe was a good format; it was good to have facilitators.
- I attended the Conversation on Health that was held in Vancouver. There were a lot of people there who had ideas, and a lot of them were good ideas. The reason I was disappointed because there were so many health care workers there, acting as if they were just ordinary, unbiased citizens. I am frustrated that the nurses and hospital workers at the meeting managed to elbow their way to the front, take control of the conversation, and create the impression that the general public is somehow in the know that the current system is just fine, and just needs more money.
- I appreciated conversation which was very educational and made me proud to be part of such a passionate community and a little less pessimistic than when I walked in.
• Innovative ideas were put forward.
• I appreciated that there were no government officials present during the day.
• Some participants would have liked to have elected government officials present during the session.
• It was a great opportunity for the average person to have input.
• Participants felt heard and like they were part of the solution.
• During the day we worked with people with different perspectives and it is almost like anytime you are involved in planning you just sit down with people who see things the same way. But after having the opportunity to spend a lot of time with people who had different perspectives, there was a lot of learning. I actually learned quite a lot, and I have to say it was a very valuable experience.
• I would like to take a moment to congratulate you for this consultative process, and for making the space, creating the pause and posing the question about progressing health.
• Participants were encouraged at the possibility of improvements.
• Sometimes an individual would monopolize the discussion at a forum table.
• Some facilitators did not listen.
• The facilitators were not able to answer specific questions about health and health care.
• There was no clarity around how the project will be accountable back to the participants.
• What I found today was much of this information was not in enough detail to move any of the issues forward in a more thought out and comprehensive fashion; the solutions were very high level. I also think we only touched the surface in terms of what the issues and options are.
• Information distributed in advance was insufficient, incomplete and did not provide different perspectives.
• The health spending clock at the forums was not helpful and was seen as a scare tactic.
• The opening speeches at the forums focused on increasing costs and pressures in order to create fear.
• Facilitators were not on top of the subject matter, and lacked the experience needed to elicit the most out of each subgroup.
• The day was too short.
• Some participants felt frustrated.
• There was too much focus on privatization and not enough on issues like the social determinants of health and service delivery.
Some vested interests monopolized the agenda.
The notes on flip charts did not convey the complex thoughts of the participants.
Limited summaries were made available on the website.

Ideas and Suggestions

Information About and Attendance at Forums
Participant Feedback

- Ideas about information about and attendance at forums:
  - Forums should not be limited (in numbers).
  - Forums should be televised.
  - Anyone who wants to attend a forum should be able to.
  - Confirm that the first 100 to register will be selected, rather than using a random selection.
  - Hold forums on the weekend.
  - Provide information to participants from previous forums so they do not go over the same material each time.

- Ideas from forum participants:
  - Provide more structured discussions at the forums using existing facilitation tools such as appreciative inquiry.
  - Do not use public servants as facilitators.
  - Eliminate the health expenditure clock.
  - Have politicians stay for the forums.
  - Cut back on lunch and use the money for hand sanitizers to avoid spreading colds and influenza.
  - Ensure healthy food choices are provided.
  - Do not provide funding assistance to attend forums
  - Carry messages from the forums to the decision-makers.
  - We need to find ways to cover all these topics in the Aboriginal community, and have more discussions.
### Session Evaluations: Roll-Up for All Public Forums

Rated on a scale of 1 to 5 (with 1 being “strongly disagree” and 5 being “strongly agree”)

<table>
<thead>
<tr>
<th>Evaluation</th>
<th>Median</th>
<th>Average</th>
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<tbody>
<tr>
<td>I found the session to be a worthwhile experience</td>
<td></td>
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<tr>
<td>The session format allowed me to share ideas</td>
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<td>The session format allowed me to hear ideas</td>
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<tr>
<td>I found the agenda setting valuable</td>
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<tr>
<td>I found the morning small group discussions valuable</td>
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<tr>
<td>I found the afternoon workshop valuable</td>
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<tr>
<td>I found the session facilitator effectively presented materials and concepts</td>
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<tr>
<td>I found my afternoon facilitators effectively presented materials and concepts</td>
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<td></td>
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<tr>
<td>I found my participant registration package materials helpful in preparing for this session</td>
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### Example Data

- Median: 4.23
- Average: 4.04
- Median: 4.47
- Average: 4.08
- Median: 4.10
**Session Evaluations: Roll-Up for All Health Professional Meetings**

Rated on a scale of 1 to 5 (with 1 being “strongly disagree” and 5 being “strongly agree”)

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<tr>
<th>Statement</th>
<th>Median</th>
<th>Average</th>
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<td>4.12</td>
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<tr>
<td>The session format allowed me to share ideas</td>
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<td>4.31</td>
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<tr>
<td>The session format allowed me to hear ideas</td>
<td>5</td>
<td>4.48</td>
</tr>
<tr>
<td>I found the small group discussions valuable</td>
<td>4</td>
<td>4.24</td>
</tr>
<tr>
<td>I felt my participation in the session allowed me to contribute to the Conversation on Health in a meaningful way</td>
<td>4</td>
<td>3.94</td>
</tr>
<tr>
<td>I would recommend to others that they participate in future Conversation on Health sessions</td>
<td>5</td>
<td>4.30</td>
</tr>
<tr>
<td>I found the session facilitator effectively presented materials and concepts</td>
<td>4</td>
<td>4.39</td>
</tr>
<tr>
<td>The venue was appropriate to the needs of the session</td>
<td>5</td>
<td>4.35</td>
</tr>
</tbody>
</table>
### Session Evaluations: Roll-Up for All Health Professional Focus Groups

Rated on a scale of 1 to 5 (with 1 being “strongly disagree” and 5 being “strongly agree”)

<table>
<thead>
<tr>
<th>Statement</th>
<th>Median</th>
<th>Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>I found the session to be a worthwhile experience</td>
<td>4</td>
<td>4.31</td>
</tr>
<tr>
<td>The session format allowed me to share ideas</td>
<td>5</td>
<td>4.51</td>
</tr>
<tr>
<td>The session format allowed me to hear ideas</td>
<td>5</td>
<td>4.58</td>
</tr>
<tr>
<td>I found the small group discussions valuable</td>
<td>4</td>
<td>4.50</td>
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<tr>
<td>I felt my participation in the session allowed me to contribute to the</td>
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<td>4.10</td>
</tr>
<tr>
<td>Conversation on Health in a meaningful way</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I would recommend to others that they participate in future Conversation</td>
<td>5</td>
<td>4.40</td>
</tr>
<tr>
<td>on Health sessions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I found the session facilitator effectively presented materials and concepts</td>
<td>4</td>
<td>4.66</td>
</tr>
<tr>
<td>The venue was appropriate to the needs of the session</td>
<td>5</td>
<td>4.42</td>
</tr>
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</table>
# Session Evaluations: Roll-Up for All Patient Focus Groups

Rated on a scale of 1 to 5 (with 1 being “strongly disagree” and 5 being “strongly agree”)

<table>
<thead>
<tr>
<th>Statement</th>
<th>Median</th>
<th>Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>I found the session to be a worthwhile experience</td>
<td>4</td>
<td>4.49</td>
</tr>
<tr>
<td>The session format allowed me to share ideas</td>
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</tr>
<tr>
<td>The session format allowed me to hear ideas</td>
<td>5</td>
<td>4.66</td>
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<tr>
<td>I found the small group discussions valuable</td>
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<tr>
<td>I felt my participation in the session allowed me to contribute to the</td>
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<td>Conversation on Health in a meaningful way</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I would recommend to others that they participate in future Conversation</td>
<td>5</td>
<td>4.63</td>
</tr>
<tr>
<td>on Health sessions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I found the session facilitator effectively presented materials and</td>
<td>4</td>
<td>4.78</td>
</tr>
<tr>
<td>concepts</td>
<td></td>
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</tr>
<tr>
<td>The venue was appropriate to the needs of the session</td>
<td>5</td>
<td>4.56</td>
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</table>