

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