Health 4.0

Generative Dialogue towards Healthcare Equity

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ABSTRACT

This study explores the application of structured caring circles with trained facilitators to address the rising rates of depression, anxiety, stress, loneliness, and burnout during the pandemic in 2021. It aims to assess the presence of diversity in gender, ethnicity, and life stages in creating meaningful interconnected caring circles toward achieving Health 4.0. The objectives of the study include examining the effects of inclusive caring circles with trained facilitators within a safe space where participants are following a process with generative dialogue toward equity in well-being.

The study involved 64 participants from the US Midwest and international members of an MIT MOOC who registered to take part in a five week online 'Caring Circles' program during the first year of the COVID pandemic. The participants provided voluntary information about what contributes toward their unique life experiences: loss and trauma, neurodiversity, physical disabilities, gender preferences (e.g., transgender, gay), depression and anxiety, religious preferences.

The discussion highlights the potential of caring circles to empower individuals in managing their health and wellness, that can be transferred to other stakeholders within healthcare systems. It emphasizes the importance of co-creating the emerging future by integrating best practices from stakeholders. The study concludes that caring circles promotes overall well-being of members. It also suggests that further research should explore the impact of caring circles on individual, interpersonal, and societal health and wellness.

I. INTRODUCTION

We may experience trauma on three levels: Individual level, Generational level or at an Ancestral level

We are seeing a rise in trauma and a shortage of mental health professionals. This study looks at the impact short and longer-term peer-to-peer coaching circles had during the pandemic when technology was an intermediary for items like:

- US Depression rates reach new highs (Gallup, 2023).
- Depression and anxiety affect 38% Worldwide (Gallup, 2021).
- About 1-in-2 adults aWere lonely. The rate is highest among young adults (US SG, 2023).
- 77% experienced symptoms of burnout in their job (Deloitte, 2022).

This has implications for physical, emotional, and behavioral health of individuals as well as health care in general.

One solution grounded in case study methodology is called 'caring circles'. During the process an individual case giver will share a current challenge in their life where they happen to be a key player to four other members. The four other members are taking a coaching role where they listen deeply, without judgement, attending to images, metaphors, feelings, or gestures the story is evoking in them. Also present is a trained facilitator who takes a regular role with other coaches, but leading by example by creating a safe space for the narrater and helping to move the process forward.

Though the health benefits from mindfulness practices are well documented, this study seeks to introduce a quality control framework for assessing progress on the continuation and maturation of deploying mindfulness techniques toward leading with Health 4.0 from the emerging future.

II. OBJECTIVES

H1: A representative diverse sample of the population would self-select into one (or more) cycle of the Caring Circles P2P mental wellness pilot program and maintain meaningful engagement, over five-weeks.
Core diversity categories include A) gender (male = 50%), B) ethnicity (non-white =10%) and C) life stage

H2. When participants opt to (re)enroll for the second cycle, the replacement rate will exceeds the attrition rate.
Across core diversity catagories, healthy ratios would maintain for A) gender, B) ethnicity, and C) life stage.

H3. Beyond explicitly inquiring about diversity classifications of a) gender, b) ethnicity and c) life stage, additional a significant number of participants would opt to self-disclose additional catagories that provides them unique lived experiences.

H4 Participants would recommend that i) their time be reimbursed, ii) their time be donated, iii) donations be solicitated from participants to fund the program, iv) a mix

H5. Participants would change their opinion of where funding should come from based on engaging with fellow participants

III. METHODOLOGY

Setup: 64 diverse participants registered interest to take part in a five week online 'Caring Circles' program during the first year of the COVID pandemic.

Recruitment: Participants learned about the free pilot by word of mouth, email invitations, social media posts and local area coverage in the Northeast of Iowa but participants did include participants in other nations (5%) and states (11%). There was no-remuneration for time.

Study Design: purposeful efforts were made to reach participants of different genders, ethnicities, life stages, Socio Economic Security, Other self-identified diversity classifications. The behavioral decisions of the diverse segments to maintain engagement and/or re-enroll in a second generation of the program was the basis for assessing if the process were perceived value and connection to others.

The Process: participants made a commitment to confidentiality and gather on a given day of the week for 70 minutes for a deep conversation. After a centering meditation the participants grouped into smaller breakout rooms of 5-6 individuals, and progress through 7 structured steps (See: Appendix A).

The Roles: During each session, one participant would accept the role of giving the case or challenge of what they are currently working through. The other roles involve listening and reflecting back what they hear with an open mind, heart, and without judgement. One of the reflecting participants would also keeping time to ensure moving forward during the session, and at least one reflecting participant would be an experienced facilitator providing guard rails and focus on creating psychological safety.

Cycles: The pilot cycle lasted 5 weeks, and that was followed by a next generation cycle of another 5 weeks. By cycling for 5 weeks each of the 5 participants would get an opportunity to take the caseginer role during that time.

Data Analysis: looking at descriptive statistics and chi-square probabilities of retention and recruitment be evaluate the behavioral engagement levels, using a significance level of 0.05.

IV. RESULTS

H1. REPRESENTATIVE DIVERSITY SAMPLES
Pilot started out with higher female ratios, higher non-white ratios and higher young adults which are not typical centers of dominant power.
✅ **H1A.** The ratio males (23%) to females (77%) skewed 1:3 in the pilot cycle 1. The MSA's population is 50% male.
✅ **H1B.** The ratio white (70%) to non-white (30%) skewed in the pilot cycle 1. The MSA's population is 90% white.
✅ **H1C.** Young Adults (28%) and Mid-Adults (32%) made up the majority of the participants.

H2. RETENTION & REPLACEMENT CYCLES
Retention rate was 77% and replacement rate was more than 2x of drop out suggesting a strong longer-term growth and scaling potential.
✅ **H2A.** Replacement ratio remained consistent and did not amplify the skew in the direction of more females.
✅ **H2B.** The ratio of those who discontinue vs new joiners suggest that ethnic diversity is not a significant reason why participants join or discontinue. It is appropriate in the context of the bigger picture.
✅ **H2C.** The ratio of Young and Mid-Adults maintained as the majority of the participants into the second cycle.

H3. SELF-IDENTIFIED DIVERSITY CATAGORIES
✅ The majority of participants x% did not volunteer details that made them unique in the registration form.
✅ The 32% who did volunteer points of differentiation listed more than one category of qualifier: 9% Loss & Trauma, 9% Neurodiversity, 8% physical disabilities, 6% gay, 6% depression and anxiety, 3% transgender, 3% religion, 2% intellectual disability.

H4. SOCIO-ECONOMIC SECURITY DIVERSITY
In response to participants' judging which financial model will be most viable for ensuring a healthy future of diverse Caring Circle participation, 14% advised i) financially reimbursing participants for weekly engagement time, 20% advised participants ii) donating time, i26% advised iii) soliciting financial contributions from participants based on ability, and 25% advised a mix of methods.

H5. EVOLVING EMPATHY
✅ The recommendations did not marginally change from anticipating the program and participants to experiencing the pilot cycle.10% of participants' level of empathy or perception of program value boosted the recommendation to asking for donations from participants.

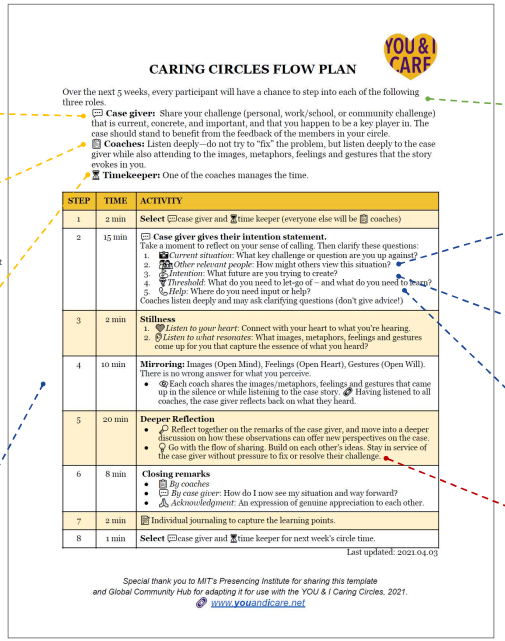
V. DISCUSSION

ROLE 1. Practice Evolving Personal Narratives
Practice telling your narrative out loud to strangers where there is a lower risk of losing something, to form a supportive non-judgmental circle of exploration.

ROLE 2. Practice Deeper Listening
Practice listening deeply not to resolve a problem but be present in a complex space with someone. Many coaching participants comment that they get a lot out of listening and not being the center of the story too.

ROLE 3. Experienced Facilitator Scaffolds
Every breakout room also has an experienced 'lifeguard' that can (re) explain questions about the flow that may arise, provide a buffer if/when the tone or intent goes off course, or flag if serious issues may require a mental health professional.

PROCESS. Provide Space for going deeper
Step 3 (Stillness), 4 (Mirroring), and 5 (Deeper Reflection) totals approximately 50% of the Caring Circle time and is designed to help practice the art of going deeper and understand context that may not otherwise get attention or consideration.



CARING CIRCLES FLOW PLAN

YOU & I CARE

Over the next 5 weeks, every participant will have a chance to step into each of the following three roles.

- **Case giver:** Share your challenge (personal, work/school, or community challenge) that is current, concrete, and important, and that you happen to be a key player in. The case should stand to benefit from the feedback of the members in your circle.
- **Coaches:** Listen deeply—do not try to "fix" the problem, but listen deeply to the case giver while also attending to the images, metaphors, feelings and gestures that the story evokes in you.
- **Timekeeper:** One of the coaches manages the time.

STEP	TIME	ACTIVITY
1	2 min	**Select** case giver and time keeper (everyone else will be coaches)
2	15 min	**Case giver gives their intention statement.** Take a moment to reflect on your sense of calling. Then clarify these questions: 1. *Current situation:* What key challenge or question are you up against? 2. *Other relevant people:* How might others view this situation? 3. *Intention:* What future are you trying to create? 4. *Threshold:* What do you need to let-go of – and what do you need to leap? 5. *Help:* Where do you need input or help? Coaches listen deeply and may ask clarifying questions (don't give advice!)
3	2 min	**Stillness** 1. *Listen to your heart:* Connect with your heart to what you're hearing. 2. *Listen to what resonates:* What images, metaphors, feelings and gestures come up for you that capture the essence of what you heard?
4	10 min	**Mirroring:** Images (Open Mind), Feelings (Open Heart), Gestures (Open Will). There is no wrong answer for what you perceive. • Each coach shares the images/metaphors, feelings and gestures that came up in the silence or while listening to the case story. Having listened to all coaches, the case giver reflects back on what they heard.
5	20 min	**Deeper Reflection** • Reflect together on the remarks of the case giver, and move into a deeper discussion on how these observations can offer new perspectives on the case. • Go with the flow of sharing. Build on each other's ideas. Stay in service of the case giver without pressure to fix or resolve their challenge.
6	8 min	**Closing remarks** • *By coaches* • *By case giver:* How do I now see my situation and way forward? • *Acknowledgment:* An expression of genuine appreciation to each other.
7	2 min	Individual journaling to capture the learning points.
8	1 min	**Select** case giver and time keeper for next week's circle time.

Last updated: 2021.04.03

Special thank you to MIT's Presencing Institute for sharing this template and Global Community Hub for adapting it for use with the YOU & I Caring Circles, 2021.
www.youandicare.net

RITUALS. Weekly For 5 Sessions.

PROCESS. Take on Stakeholders' Point of View

PROCESS. Center & articulate your intention

PROCESS. What do you need to let go of?

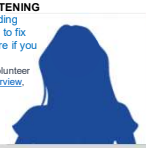
PHILOSOPHY. Meet case giver where they are
Step 3 (Stillness), 4 (Mirroring), and 5 (Deeper Reflection) totals approximately 50% of the Caring Circle time and is designed to help practice the art of going deeper and understand context that may not otherwise get attention or consideration.

KEY 1: DIVERSITY
"Diversity is the most important part of this program." "You will be accepted here because everybody is welcome here and not judged."
- **Nathan A**. YOU & I Care Organizer
1 Million Cups Presentation, March 2021

KEY 2: PRESENCE
"I saw a lot of happiness and joy that was brought about by the conversation."
- **Jayden M.** YOU & I Care Participant, CBS 2 News Interview, 2021

KEY 3: PEACE
"The night after I was the case giver I had the best night's rest that I have had in a long, long time."
- **Ali B.** YOU & I Care Participant, 2021

KEY 4: DEEPER LISTENING
"In a calm and understanding environment you are able to fix more and understand more if you just listen."
- **Imani D.** YOU & I Care Volunteer Organizer, CBS 2 News Interview, 2021



VI. CONCLUSION

Peer-to-peer caring circles shows promising potential in teaching different roles, healthy processes for dealing with complex and sensitive topics, healthy rituals as well as person-centered approaches to move towards healing.

Empirical evidence suggest a variety of individuals who may identify as unique are likely to feel accepted and safe enough to partake and re-enroll in peer-to-peer caring circles.

1. Peer-to-peer caring circles can help facilitate support in gender, ethnic, life stage, and other lifestyle differentiators.
2. Peer-to-peer facilitated coaching circles can help break down barriers in a way that traditional healthcare's power distance struggle with
3. P2P healthcare frameworks can scale in a way that the shortage of healthcare professionals can have an network effect impact

Research thus far has focused on transformation at the individual level. Although all transformation inherently starts at the individual level, future research and interventions need to also focus on interpersonal and ecosystems. So far, the focus was on microsystems. What benefit can it have to move from individual to interpersonal and relational systems, and beyond to ultimately end up at societal healing?

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