What common concerns were most apparent?
- Reducing costs
- Ensuring care for all
- Ensuring quality of healthcare
- Building transparency
- Costs to individuals (low income especially); who would shoulder the burden?
- Individual freedoms
- Concerns about unhealthy lifestyles
- Unfairness and unbalanced power of “the system”
- Corruption of the current system
- That we were not addressing the real issue of poverty within the current system
- Frustration that we were not looking seriously at international models of healthcare; why are we wanting to reinvent the wheel?
- That we were not concentrating on “outcomes-based” studies of hospitals and health care; that preventable deaths were occurring that were overlooked and unaccounted for

What things did participants appear to hold most valuable as they wrestled with trade-offs?
- Individual freedoms
- Concern about people who fall through the cracks
- Having a healthy society
- Fairness to serve everyone
- Equity
- That an “outcome-based system” is crucial to adequately assess quality of physician training/care, hospital care (and shortfalls) and what’s getting overlooked or dismissed

Which trade-offs did participants struggle with the most?
- Higher copays
- Deductibles for low-income people
- Forcing people to be healthy
- Hospice; giving up hope

What do we still need to talk about?
- Income Inequality
- Racism
- International Systems of health care as models
- Combine Option 2 and 3 to build system and individual accountability
- What to do within communities when lots of money is at stake in the system
- Healthcare as a collective action issue
- “It’s insulting to be talking about junk food, which is a middle class issue, when the most important health care issue is income inequality, poverty and racism. In this situation, the unmet health care needs of children surface decades later in life.”

*Items in **emboldened type** = mentioned at two or more tables