



# Detroit

March 18, 2006



Citizens' Health Care Working Group

HEALTH CARE  
 THAT WORKS FOR ALL  
 AMERICANS

## OVERVIEW

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Participants at the Detroit community meeting of the Citizens' Health Care Working Group quickly discovered common ground in seeking significant reform to the current system which, they felt, was badly frayed and becoming more so. The diverse, energized and thoughtful audience unanimously agreed that the health care system faced either major problems (26.9%) or was in a state of crisis (73.1%).

When asked to identify the fundamental values they wanted to see represented in the health care system, the participants widely agreed on responses that conveyed inclusiveness – 'universality', 'equal quality care for all' and 'a right for every human'.

Throughout the meeting, virtually all the participants exhibited support for universal coverage, and, somewhat surprisingly, the largest respondent group (33 percent) was willing to pay an additional \$1,000 or more a year in order to ensure that everyone got coverage. A long discussion followed about a willingness to do what they thought was right, as long as *everyone's* taxes went up – employers, employees, corporations, etc.

Enumerating difficulties within the current system and highlighting what is important to them in getting care, participants described their desire for a system that is: nondiscriminatory; able to provide basic or better services to all; easy to navigate; efficient; affordable; and, using a progressive system of financing.



### Citizens' Health Care Working Group Community Meetings

Kansas City, Missouri  
Orlando, Florida  
Baton Rouge, Louisiana  
Memphis, Tennessee  
Charlotte, North Carolina  
Jackson, Mississippi  
Seattle, Washington  
Denver, Colorado  
Los Angeles, California  
Providence, Rhode Island  
Miami, Florida  
Indianapolis, Indiana  
**Detroit, Michigan**  
Albuquerque, New Mexico  
Phoenix, Arizona  
Daytona Beach, Florida  
Upper Valley, New Hampshire  
Hartford, Connecticut  
Des Moines, Iowa  
Philadelphia, Pennsylvania  
Las Vegas, Nevada  
Eugene, Oregon  
Sacramento, California  
Billings, Montana  
San Antonio, Texas  
Fargo, North Dakota  
New York, New York  
Lexington, Kentucky  
Little Rock, Arkansas  
Cincinnati, Ohio  
Sioux Falls, South Dakota  
Salt Lake City, Utah

## SESSION FINDINGS

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### Values

*"We also need to look at what other countries are doing about health care."*

For the Detroit participants, the three most important values, supported equally, were: universality of medical care, equal quality of care for all and the right of every human being to have access to care (87 percent voted for one of these three). Representative comments included: "Costs should be standardized across all locations." "We should educate health care consumers and resources need to be used effectively and not wasted." "There should be a greater equity of how resources are spent (poor urban dwellers shouldn't have to wait longer for care than wealthier suburbanites)." Every participant but one agreed with the proposition that it should be the public policy of the United States that all Americans have affordable health care coverage.

### Benefits

*"Too many people are left out of the current system; too many people are falling through the cracks."*

Participants were unified (98 percent) in voting that a system of defined benefits for all was preferable to a system of categorical eligibility, such as is the case currently. They also overwhelming (93 percent) agreed that all services defined as medically necessary should be covered in such a system. The participants felt the current system was not working. Some worried the threat of discrimination needed to be addressed, regardless of the system design, and a system providing a basic level of care for everyone ran the risk, just like the current system, of not providing sufficient levels of care for all. This audience, eager for change in the system, said: "Universal coverage makes sense since 75 percent of our care is for chronic diseases; we need to design a new system." "Green card holders get less care. We should provide care based on what they need, not on what their citizenship status is." Participants expressed concern that any system reform must avoid creating tiered levels of care. One of the few individuals who voted to retain the current system indicated that he felt changing to a system of basic care for all would result in a tiered plan with exclusions.

Although half of the audience wanted no services cut from the sample basic benefits package shown, the audience advocated for greater use of physician assistants, nurse practitioners and other allied health professionals. This would free up the expensive use of physicians in direct care, especially when these other individuals are so licensed within the state.

**Which one of the following do you think is the MOST important reason to have health insurance?**

To pay for everyday medical expenses	44.9%
To protect against high medical costs	50.0%
No opinion	5.1%

## Getting Health Care

*"There needs to be a serious review of the incentives built into the fee-for-service system."*

Participants identified a wide range of difficulties and barriers to obtaining appropriate, timely care, including: availability of care networks, efforts by providers to limit coverage, discrimination (by skin color, ethnicity, language and urban versus suburban location), complexity, infrastructure-related issues (e.g., lack of public transportation), lack of essential consumer information (data on providers) and profit-seeking behavior on the part of insurance companies. Detroiters identified a long list of features that represented good health care: making one's own decisions after listening to the doctor's recommendations; quality, evidence-based care; being able to choose providers and access to specialists; professional competence and personal courtesy; availability of timely, convenient care; reduced out-of-pocket expenses and non-denial by insurance companies of care deemed medically necessary; and stability of providers.

## Financing

*"Relying on private insurance companies represents a race to the bottom. Health care should be a basic human right; we need a tax-based public system. It says a lot about the priorities of our country that everyone driving a car must have liability insurance but the people in those cars don't necessarily have health insurance."*

Three-quarters of the participants felt strongly that everyone should be required to enroll in basic health care coverage, either private or public because, for instance, "clearly we're not going to leave people to die by the side of the road after a car accident; they're going to get care whether they can afford it or not; so we're already paying; it's just a question of making sure the system is fair and equitable." A participant identifying himself as a retired insurance executive said that America can afford an adequate health care system if graft, insurance commissions and administrative waste are eliminated. He cited, as an example of unnecessary costs, the fact that he continued to receive premium fee payments from clients he had served years earlier.

### **What steps are the most important to take in order to slow the growth of health care costs in America?**

*(Top 5 answers according to impact and feasibility)*

- Bring down the cost of pharmaceuticals
- Standardize the cost among providers
- Regulate cost and take out profits
- Move towards electronic medical records system
- Limit direct-to-consumer marketing

Participants expressed concern that there needs to be some form of subsidy for people who cannot afford to pay for health care coverage. "I believe requiring everyone to have health care coverage is okay if there is support for those who can't afford it. Everyone needs to be in the system because that's where the money is. Otherwise we won't have a very good system." Most (81 percent) agreed that some people should pay more than others and a majority of those (69 percent) indicated that income should be used to determine who pays more.

A large majority (77 percent) thought it was time to jettison tax-favored employer subsidies for health care coverage. They understood the high costs of health care make employers less competitive and lead to job losses and wholesale layoffs. "The businesses get a tax write off, but the impact of high health care costs is still negative." "Some individuals are afraid to leave jobs they have because of fear of losing health insurance or paying higher premiums."

Some participants expressed concern with the lack of equity in the current employer-based insurance system. "Senior or midlevel employees, who earn more, get a disproportionately greater tax benefit from the current system than do lower employees, for instance, janitors, who work in the same facility; as a tax, the benefit is regressive." Regarding how a new system should be designed, participants in Detroit did not advocate for a big government solution. Rather, they pointed out that government doesn't always do a good job and the private sector drives up costs. "The best alternative is a mixed public-private system that takes the best from both." Another participant suggested that building on the three largest government programs (unnamed) should be part of the solution.

Participants wanted to know what would replace the current system. One perspective expressed was that, "a general system funded with taxes for all, wouldn't have a downside; we need to get the politicians moving on this." Another employee participant indicated that at least with a company or organization, there was a known individual or group that one had a direct relationship with and someone with a shared interest with whom one could negotiate. "With a universal system, there is the risk of not being able to have direct input; you're not going to negotiate with the federal government, so such a system would be risky for that reason."

Others indicated it was necessary to think about the impact on the stock and bond markets, since many employer pension systems are heavy investors. Some liked the idea of a federal system though the difficulty would be deciding what services would be included in the plan. "We may need different packages that people can choose from." In addition, others felt that a national system still needed to have a clear role for employers.

The two most popular ways that meeting attendees thought all individuals could contribute to an improved health care system was, first, through tax payments, and second, by changing their personal behavior and becoming better consumers. All agreed the current system was unsustainable.

Regarding slowing the growth of health care costs; participants suggested: increasing advanced directives and better communication with patients near the end of life; moving to a single payer system; limiting direct-to-consumer marketing; federally regulating costs in order to take the profits out of the delivery of care; promoting a culture of wellness; bringing down pharmaceutical costs (that most participants found unacceptable); standardizing health care charges assessed by different providers; moving to an integrated system of electronic medical records and reducing medical error; and using more midlevel health care professionals.

## ***Tradeoffs and Options***

*"Let's reduce administrative costs and excessive profits before giving up anything."*

The most difficult topic for the participants involved identifying trade-offs individuals were willing to make to offset expansions or additions they wanted to the health care system. Some possible trade-offs Detroiters offered included: increase taxes broadly or increase employer and employee taxes specifically to pay for coverage for everyone; give up research in high tech therapies for rare conditions in exchange for research into common conditions; limit unnecessary surgeries and end of life care; and use generic drugs rather than name brand drugs (44 percent chose this option as the most popular).

Participants were willing to give up the war in Iraq for additional health care funding and others indicated they disliked the question and wanted no trade-offs. Someone suggested adding to the royalties the United States charges companies to extract natural resources to cover national health costs; and another said we ought to get rid of Medicare Part D.

A participant pointed out that if we successfully redesign the health care system to reduce costs, it will likely result in a whole segment of people losing jobs and that we should address this change by making sure we provide skill re-training for these individuals.

## **METHODOLOGY**

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Participants at the meeting sat at tables of eight to ten people, each with a volunteer facilitator. The meeting format was a mix of table-level discussion, reporting table findings to the full group, quick surveys using electronic keypads and full group discussion sessions. Main points from the table discussions were called-out to the full group and displayed on a screen. Participants answered questions and ranked choices using keypads after which the results were displayed. Findings from these polls formed the basis for full group discussion. Complete polling data from this meeting is available in the Data section of this report and online at [www.citizenshealthcare.gov](http://www.citizenshealthcare.gov)

## **PARTICIPATION**

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One hundred Detroiters—attending as individuals concerned with their own and their communities' health care and representing over 40 different private and public, health and non-health-related organizations—gathered Saturday morning at the Northwest Activities Center for four hours to tell Congress and the President what to do with the health care system in America. Catherine McLaughlin represented the Working Group.

## DATA

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### Are you male or female?

36.5% 1 Male  
63.5% 2 Female

### How old are you?

1.3% 1 Under 25  
24.4% 2 25 to 44  
62.8% 3 45 to 64  
11.5% 4 Over 65

### Are you Hispanic or Latino?

2.6% 1 Yes  
92.3% 2 No  
5.1% 3 No Response

### Which of these groups best represents your race?

69.6% 1 White  
26.6% 2 Black or African American  
0.0% 3 Asian  
0.0% 4 Native Hawaiian or Pacific Islander  
0.0% 5 American Indian or Alaska Native  
2.5% 6 Other  
1.3% 7 Decline to answer

### What is the highest grade or year of school you completed?

0.0% 1 Elementary (grades 1 to 8)  
0.0% 2 Some high school  
15.0% 3 High school graduate or GED  
12.5% 4 Some college  
10.0% 5 Associate Degree  
22.5% 6 Bachelor's Degree  
40.0% 7 Graduate or professional degree  
0.0% 8 Decline to answer

### What is your primary source of health care coverage?

80.8% 1 Employer-based insurance  
5.1% 2 Self-purchased insurance  
0.0% 3 Veterans'  
9.0% 4 Medicare  
1.3% 5 Medicaid  
1.3% 6 Other  
2.6% 7 None  
0.0% 8 Not sure

**What is your employment status?**

- 2.5% 1 Self-employed
- 72.2% 2 Employed - working full time
- 8.9% 3 Employed - working part-time
- 1.3% 4 Not employed / currently looking for work
- 0.0% 5 Homemaker
- 15.2% 6 Other

**Which one of these statements do you think best describes the U.S. health care system today?**

- 73.1% 1 It is in a state of crisis
- 26.9% 2 It has major problems
- 0.0% 3 It has minor problems
- 0.0% 4 It does not have any problems
- 0.0% 5 No opinion

**Which one of the following do you think is the MOST important reason to have health insurance?**

- 44.9% 1 To pay for everyday medical expenses
- 50.0% 2 To protect against high medical costs
- 5.1% 3 No opinion

**As we consider ways to improve our health care system, what values and/or principles do you believe are fundamental? And which of the following values/principles is most important to you?**

- 1.4% 1 Provide for the common good
- 29.6% 2 Equal quality of care for all
- 29.6% 3 Universality
- 4.2% 4 Affordability
- 26.8% 5 Right for every human
- 1.4% 6 More fair medical benefits
- 1.4% 7 Non-profitable health care services
- 1.4% 8 Compassionate
- 1.4% 9 Physicians should be decision-maker
- 2.8% 10 Eliminate exclusion for pre-existing conditions

**As we consider ways to improve our health care system, what values and/or principles do you believe are fundamental? And which of the following values/principles is second most important to you?**

- 0.0% 1 Provide for the common good
- 17.5% 2 Equal quality of care for all
- 15.9% 3 Universality
- 20.6% 4 Affordability
- 19.0% 5 Right for every human
- 6.3% 6 More fair medical benefits
- 6.3% 7 Non-profitable health care services
- 6.3% 8 Compassionate

- 7.9% 9 Physicians should be decision-maker
- 0.0% 10 Eliminate exclusion for pre-existing conditions

**Should it be public policy that all Americans have affordable health care coverage? [By public policy we mean that the stated public goal is set out in federal or state law.]**

- 98.7% 1 Yes
- 1.3% 2 No

**Which of the following statements most accurately represents your views?**

- 4.8% 1 Providing coverage for particular groups of people (e.g. employees, elderly, low-income, etc.) as is the case now
- 95.2% 2 Providing a defined level of services for everyone (either by expanding the current system or creating a new system)

**It would be difficult to define a level of services for everyone. A health plan that many people view as “typical” now covers these types of benefits, many of which are subject to co-payments and deductibles:**

- Preventive Care—screenings, routine physicals, influenza and pneumonia immunizations, well child care, limited dental care
- Physicians’ Care—inpatient services, outpatient surgery, related tests, home and office visits, medical emergency care
- Chiropractic Care
- Maternity Care
- Prescription Drugs
- Hospital/Facility Care—inpatient and outpatient services
- Physical, Occupational, and Speech Therapy
- Mental Health and Substance Abuse—inpatient and outpatient facility and professional care

**How would a basic package compare to this “typical” plan?**

**Of the most frequent answers the group gave, what would you add?**

- 21.6% 1 Education (including culturally competent)
- 1.4% 2 Tele-medicine
- 32.4% 3 Long-term care
- 5.4% 4 Hospice care
- 8.1% 5 Vision/hearing care
- 8.1% 6 Comprehensive dental care
- 2.7% 7 Family planning services
- 6.8% 8 Cancer and dialysis
- 10.8% 9 Specialty care
- 2.7% 10 Assisted living

**Of the most frequent answers the group gave, what would you add (second)?**

- 12.3% 1 Education (including culturally competent)
- 3.1% 2 Tele-medicine
- 26.2% 3 Long-term care
- 3.1% 4 Hospice care
- 15.4% 5 Vision/hearing care
- 16.9% 6 Comprehensive dental care

- 6.2% 7 Family planning services
- 3.1% 8 Cancer and dialysis
- 9.2% 9 Specialty care
- 4.6% 10 Assisted living

**Of the most frequent answers the group gave, what would you take out?**

- 42.5% 1 Chiropractic care
- 7.5% 2 Physician care (certain kinds)
- 50.0% 3 Nothing

**On a scale of 1 (no input) to 10 (exclusive input), how much input should each of the following have in deciding what is in a basic benefit package?**

- 4<sup>th</sup> 3.549 Federal government
- 3<sup>rd</sup> 3.680 State and/or local government
- 2<sup>nd</sup> 6.848 Medical professionals
- 6<sup>th</sup> 1.434 Insurance companies
- 5<sup>th</sup> 2.411 Employers
- 1<sup>st</sup> 7.647 Consumers

**What kinds of difficulties have you had in getting access to health care services? And which of these kinds of difficulties is the most important to address?**

- 1 Location
- 2 Networks
- 3 Providers limiting coverage (ex: weight loss)
- 4 Discrimination (skin color, ethnicity, language, urban/suburban, economic)
- 5 Capacity and gaps in services
- 6 Variations in coverage
- 7 Complexity and changes in levels of coverage
- 8 Infrastructure-related issues (e.g. transportation)
- 9 Lack of background information for providers
- 10 Lack of access during holidays and off hours
- 11 Physician shortage
- 12 High cost of litigation

**In getting health care, what is most important to you?**

- 1 Listening to doctor's recommendations; making my own decisions
- 2 Quality of care
- 3 Self-advocacy and consumer education
- 4 Evidence-based medical care
- 5 Prevention
- 6 Being able to choose own providers
- 7 Access to proper specialists when needed
- 8 High-quality triage (appropriate use of resources)
- 9 Competence of care provider
- 10 Getting needed care in a timely manner
- 11 Stability of provider
- 12 Ability to get recommended treatment w/out insurance company denying coverage

- 13 Less out-of-pocket expenses
- 14 Access during non-traditional hours and in non-traditional places
- 15 Serious review of incentives in fee-for-service system
- 16 Consumer voice in care

**Should everyone be required to enroll in basic health care coverage - either private or public?**

- 75.3% 1 Yes
- 24.7% 2 No

**Should some people be responsible for paying more than others?**

- 81.1% 1 Yes
- 18.9% 2 No

**What criteria should be used for making some people pay more?**

- 11.7% 1 None - everyone should pay the same
- 6.5% 2 Family size
- 6.5% 3 Health behaviors
- 68.8% 4 Income
- 6.5% 5 Other

**Should public policy continue to use tax rules to encourage employer-based health insurance?**

- 23.1% 1 Yes
- 76.9% 2 No

**What responsibilities of individuals and families in the health care system would you support most?**

- 3.8% 1 If you abuse the system, you have to pay
- 16.7% 2 Educate themselves
- 41.0% 3 Everyone contributes through tax dollars
- 23.1% 4 Change personal behaviors (smoking, exercise, diet, etc)
- 10.3% 5 Accept changes in delivery of health care (like longer waiting for treatment)
- 5.1% 6 Utilize alternative health care

**IMPACT: On a scale from 1 (low) to 10 (high) in terms of impact, which of these steps is the most important to take in order to slow the growth of health care costs in America?**

- 12<sup>th</sup> 5.508 A - End-of-life care, advanced directives, and better communication for patients
- 9<sup>th</sup> 7.293 B - Limit direct to consumer marketing
- 3<sup>rd</sup> 8.493 C - Move to single-payer system
- 10<sup>th</sup> 6.959 D - Move towards electronic medical record system
- 2<sup>nd</sup> 8.716 E - Regulate cost and take out profits
- 7<sup>th</sup> 7.578 F - Promote culture of wellness
- 1<sup>st</sup> 9.000 G - Bring down pharmaceutical cost
- 8<sup>th</sup> 7.514 H - Instituting safe delivery systems to reduce medical errors quickly
- 4<sup>th</sup> 7.984 I - Standardized cost among providers
- 5<sup>th</sup> 7.774 J - Open Medicare to everyone

- 11<sup>th</sup> 6.650 K - Use more mid-level providers
- 6<sup>th</sup> L - System redesign which promotes more accountability by both physicians and 7.762 consumers

**FEASIBILITY: On a scale from 1 (low) to 10 (high) in terms of feasibility, which of these steps is the most important to take in order to slow the growth of health care costs in America?**

- 5<sup>th</sup> 6.957 A - End-of-life care, advanced directives, and better communication for patients
- 2<sup>nd</sup> 7.211 B - Limit direct to consumer marketing
- 10<sup>th</sup> 6.243 C - Move to single-payer system
- 1<sup>st</sup> 7.746 D - Move towards electronic medical record system
- 8<sup>th</sup> 6.479 E - Regulate cost and take out profits
- 12<sup>th</sup> 6.017 F - Promote culture of wellness
- 3<sup>rd</sup> 7.074 G - Bring down pharmaceutical cost
- 6<sup>th</sup> 6.899 H - Instituting safe delivery systems to reduce medical errors quickly
- 4<sup>th</sup> 7.015 I - Standardized cost among providers
- 7<sup>th</sup> 6.750 J - Open Medicare to everyone
- 9<sup>th</sup> 6.373 K - Use more mid-level providers
- 11<sup>th</sup> L - System redesign which promotes more accountability by both physicians and 6.175 consumers

**How much more would you personally be willing to pay in a year (in premiums, taxes, or through other means) to support efforts that would result in every American having access to affordable, high quality health care coverage and services?**

- 9.7% 1 \$0
- 12.5% 2 \$1 - \$100
- 15.3% 3 \$100 - \$299
- 20.8% 4 \$300 - \$999
- 33.3% 5 \$1,000 or more
- 8.3% 6 Don't know

**On a scale from 1 (low) to 10 (high), please rate each of the following public spending priorities to reach the goal of health care that works for all Americans.**

- 3<sup>rd</sup> 9.042 Guaranteeing that there are enough health care providers, especially in areas such as inner cities & rural areas
- 2<sup>nd</sup> 9.096 Investing in public health programs to prevent disease, promote healthy lifestyles, and protect the public in the event of epidemics or disasters
- 1<sup>st</sup> 9.627 Guaranteeing that all Americans have health insurance
- 7<sup>th</sup> 7.029 Funding the development of computerized health information to improve the quality & efficiency of health care
- 4<sup>th</sup> 8.288 Funding programs that help eliminate problems in access to or quality of care for minorities
- 6<sup>th</sup> 7.417 Funding biomedical & technological research that can lead to advancements in the treatment & prevention of disease
- 8<sup>th</sup> 6.841 Guaranteeing that all Americans get health care when they need it, through public safety net" programs (if they can not afford it)."
- 5<sup>th</sup> 8.230 Preserving Medicare & Medicaid

**If you believe it is important to ensure access to affordable, high quality health care coverage and services for all Americans, which of these proposals would you suggest for doing this? Please rate each of the following proposals on a scale from 1 (low) to 10 (high).**

- 6<sup>th</sup> 4.250 Give up research into hi-tech therapies for rare conditions in exchange for research into common conditions
- 2<sup>nd</sup> 7.130 Pay increased employer and employee taxes to cover cost
- 4<sup>th</sup> 6.431 Give up unnecessary end-of-life care and cosmetic surgery
- 3<sup>rd</sup> 6.896 Agree to increase taxes - both corporate and individual
- 1<sup>st</sup> 7.944 Utilize generic prescriptions to keep cost down
- 5<sup>th</sup> 6.206 Paying more in taxes to have health care coverage for all. This could mean limiting coverage to high deductible/catastrophic care or, if you were willing to pay more, a more comprehensive package

**If you believe it is important to ensure access to affordable, high quality health care coverage and services for all Americans, which of these proposals would you suggest for doing this? Please rate each of the following proposals on a scale from 1 (low) to 10 (high).**

- 9<sup>th</sup> 3.557 Offer uninsured Americans income tax deductions, credits, or other financial assistance to help them purchase of private health insurance on their own.
- 6<sup>th</sup> 4.597 Expand state government programs for low-income people (eg. Medicaid & S-CHIP) to provide coverage for more people without health insurance.
- 10<sup>th</sup> 2.743 Rely on free-market competition among doctors, hospitals, other health care providers and insurance companies rather than having government define benefits and set prices.
- 3<sup>rd</sup> 7.304 Open up enrollment in national federal programs like Medicare or the federal employees' health benefit program
- 8<sup>th</sup> 3.781 Expand current tax incentives available to employers & their employees to encourage employers to offer insurance to more workers & families
- 4<sup>th</sup> 5.681 Require businesses to offer health insurance to their employees
- 2<sup>nd</sup> 7.394 Expand neighborhood health clinics
- 1<sup>st</sup> 8.972 Create a national health insurance program, financed by taxpayers, in which all Americans would get their insurance
- 5<sup>th</sup> 5.370 Require that all Americans enroll in basic health care coverage, either private or public
- 7<sup>th</sup> 4.197 Increase flexibility afforded states in how they use federal funds for state programs (such as Medicaid and S-CHIP) to maximize coverage

## STAYING INVOLVED

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Through the Citizens' Health Care Working Group website, we have made it possible for you to stay involved in the discussion – and to encourage others to get involved as well. Visit the website at [www.citizenshealthcare.gov](http://www.citizenshealthcare.gov) and:

- Download a **Community Meeting Kit** to plan a meeting for your family, friends, neighbors and co-workers.  
[www.citizenshealthcare.gov/community/mtg\\_kit.php](http://www.citizenshealthcare.gov/community/mtg_kit.php)
- Find a list of other cities hosting meetings and spread the word to friends and family in those cities to **Register for a Community Meeting** near them.  
[www.citizenshealthcare.gov/register](http://www.citizenshealthcare.gov/register)
- Add your opinions to three different polls in the **Public Comment Center**  
[www.citizenshealthcare.gov/speak\\_out/comment.php](http://www.citizenshealthcare.gov/speak_out/comment.php)
- Read what members of the Working Group and other Americans have to say by following the link on the homepage to the **Citizens' Blogs**.  
[www.citizenshealthcare.gov](http://www.citizenshealthcare.gov)
- Share your opinions on the future of health care by creating your own blog by following the link on the homepage to the **Citizens' Blogs**.  
[www.citizenshealthcare.gov](http://www.citizenshealthcare.gov)
- Join a growing group of individuals engaging in back-and-forth discussions on the **Discussion Forums** by following the link on the homepage.  
[www.citizenshealthcare.gov](http://www.citizenshealthcare.gov)
- Read **Community Meeting Reports** from other cities to see how opinions are shaping up across the country.  
[www.citizenshealthcare.gov/community/mtng\\_files/complete.php](http://www.citizenshealthcare.gov/community/mtng_files/complete.php)
- Stay tuned to the homepage for the Citizens' Health Care Working Group **Preliminary Recommendations** (available in early June) and get involved in the 90-day public comment period.  
[www.citizenshealthcare.gov](http://www.citizenshealthcare.gov)
- Stay tuned to the homepage for information on the **Final Recommendations** and the schedule of **Congressional hearings** to address those recommendations.  
[www.citizenshealthcare.gov](http://www.citizenshealthcare.gov)

If you have additional ideas on how to get others involved, we would love to hear them. Please contact Jessica Federer at 301-443-1521 or [jessica.federer@ahrg.hhs.gov](mailto:jessica.federer@ahrg.hhs.gov).