



Baton Rouge

January 26, 2006



Citizens' Health Care Working Group

HEALTH CARE
THAT WORKS FOR ALL
AMERICANS

OVERVIEW

Participants at the Baton Rouge community meeting provided a unique perspective on the current health care system. While a majority agreed to a public policy of affordable coverage for all Americans, there was also a strong emphasis on the responsibility of the individual. There was a ninety-five percent agreement that the patient needs to take on the role of a consumer of health care services and resources.

The audience agreed that there should be a defined level of basic care to create a more equitable system. Everyone who is financially able should be required to enroll in health insurance. One participant noted that by not enrolling in an insurance program, the individual was actually just shifting the cost elsewhere. However, not everyone should pay the same amount. Those who can afford to pay more and those who unhealthy lifestyles should be required to pay more according to the participants. They focused on the individual's responsibility for preventative care and consumer education/responsibility.

Having recently experienced two major hurricanes in the state of Louisiana, many were able to provide insight into issues created by lack of emergency preparedness. Complete devastation to the health care system led one participant to suggest a movement away from the state's historically institution-based public system. Others stressed the need for the mobility and security of virtual health care records. Most of all is the need for preparation for emergency in all aspects of the system.



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

Values

The three most important values participants identified as key to “health care that works for all Americans” were: accessibility to care and coverage (46 percent); a system that was consumer-driven (13 percent) and baseline equity regardless of income, race or other individual characteristics (13 percent). Eighty-five percent of participants believed that it should be public policy that all Americans have affordable coverage.

Benefits

Most participants at the meeting (68 percent) believed that insurance coverage should be based on a defined level of services available to all as opposed to having coverage based on one’s membership in a group (e.g. people employed by firms offering health insurance, with very low incomes, or over 65 years old) which only 20 percent supported. One participant noted that basic care should include preventive services and disease management services but that individuals must share some responsibility for their care. Another participant noted that a defined level of evidence-based services, including preventive services, was the only way to prevent disparities. In general, meeting attendees found the defined level of services “more fair and equitable” in the face of a current system that was “failing.”

Services that attendees would add to a basic package included expanded prevention services (“total wellness”) and disease management. A significant percentage (15 percent) indicated that physician services should be expanded to include other providers. The only item anyone was willing to drop was chiropractic services.

When asked who should decide the contents of a package of basic services, 66 percent believed that it should be a combination of consumers and others making that choice, although there were differing views as to what that combination might be. One person proposed that medical professionals and consumers together should make the choice; another said the government with insight from other groups. A spokesperson from a labor union noted that labor had not been included among the options and needed to be part of decision making.

As we consider ways to improve our health care system, what values and/or principles do you believe are fundamental?

- Accessibility to care and coverage
- Consumer-driven
- Baseline equity (regardless of income, race, etc.)
- Equal access to different types of care (e.g. mental health)
- Knowing what to do when
- Importance of having evidence-based care
- Patient responsibility
- Choice to decide avenue to health care
- Assurance that communities have capacity to deliver care

Getting Health Care & Post-Hurricane Issues

Only five months removed from the destruction wrought by Hurricanes Katrina and Rita, the meeting digressed briefly from its standard format to hear first-hand some of the unique difficulties facing health care in Louisiana, particularly New Orleans. In New Orleans, both the public and private systems of care have been devastated. Dr. Ricardo Hood noted that among the private practice community, 15 percent had returned to New Orleans and 15 percent had plans to return, but that the remaining 70 percent had no plans to return. There was almost no specialty care and hospital capacity was seriously diminished: where there were once 9 hospitals in the city, as of this meeting date there were only 2, representing a decrease from 2300 beds to 300. Yet, there were 250,000 people in the city during the daytime and 150,000 at night. In neighboring Jefferson Parish, there were providers, but a lack of insured patients. Public transportation was only slowly returning and finding buildings within which to locate services was a serious obstacle to moving forward.

At the time, the only trauma center operating in the state was in Shreveport. Mental health capacity was seriously strained and statewide there were only 4 beds for mental health patients. One participant noted that the post-Katrina experience had underscored the need to move away from the type of institutional-based system that had characterized the public delivery of health care services in Louisiana in the past.

The experience from the hurricanes highlighted the need for major emergency preparedness preparation by all aspects of the system, including insurance providers. Attendees also noted that the experiences of people dispersed across the nation as a result of the disasters point out the utility and need for virtual health care records. After discussing getting health care, participants stated the three most important essentials were:

- Cost effective care from a network of quality providers (38 percent)
- Access to providers and coverage (18 percent)
- More community based clinics to improve access (12 percent)

Financing

Sixty-five percent of attendees believed that everyone who could afford to should be required to enroll in health insurance. One person noted his support by stating that the alternative to not enrolling was cost-shifting. Another stated that by paying part of the premium you have ownership and posed this approach as an alternative to a government-run single payer system. Someone else commented that government should not have the right to tell citizens how to spend their dollars but that there should be consequences for non-enrollment. Sixty percent of participants believed that some people should pay more for health insurance. When determining who should pay more, participants voted for those with higher incomes (44 percent) and those with

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

(Top five responses)

- Enhance prevention, wellness / health promotion
- Consumer responsibility
- Increasing access to home-based services (less institutionalization)
- Consumer education and participation in care
- Disclosure and transparency regarding costs & billing

unhealthy behaviors (27 percent). One attendee expressed the need for sensitivity to cost, using a personal experience with back surgery as an example.

Attendees overwhelmingly believed that current tax rules that encourage employers to provide coverage should be continued (87 percent) as should government programs that provide coverage to those who otherwise cannot afford it (90 percent).

The most popular steps endorsed by the group to control the growth of health care costs were:

- Enhanced prevention, wellness and health promotion (27 percent)
- Greater consumer responsibility (24.5 percent)
- Increasing access to home-based services (20.4 percent) and

Approximately 85 percent of attendees were willing to pay more in taxes to assure that all Americans had access to affordable health coverage and services. Among those who were willing, support was evenly distributed by the extra amount they would be willing to pay (Insert chart).

The three most important government spending priorities identified by the group were:

- Guaranteeing that all Americans have health insurance
- Investing in public health programs to prevent disease, promote health, and protect the public and
- Guaranteeing that all Americans get health care when they need it through public safety net programs

Tradeoffs and Options

Time constraints truncated the discussion of tradeoffs. Participants were given three “monetary units” and asked to choose among nine options, varying in expense. People found the question confusing and many did not express an opinion but among those who did, the overwhelming choice was to create a national health insurance program, financed by taxpayers in which all Americans would get their insurance. (This was an experimental question used at two meetings and dropped after this meeting.)

Participants had various suggestions for reducing health care costs, many of which were focused on insurance and pharmaceutical companies. These included preventing direct to consumer advertising, outlawing paid lobbyists for pharmaceutical companies and removing the profit motive from health care. Individuals voiced concern about the costs of defensive medicine and medical malpractice premiums. They suggested reducing the cost of training for physicians and other health care providers. Individuals repeatedly suggested the potential cost savings of having one administrative system, rather than many. They suggested utilizing market and competition forces at the delivery level of care, rather than the administrative level.

The majority of the participants (83 percent) expressed their agreement with the statement “there are enough resources in the system and we just need to redistribute them,” and cheered when someone commented that “we shouldn’t be having a trade-offs discussion at all.”

METHODOLOGY

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

PARTICIPATION

Approximately 75 people signed in at the Baton Rouge community meeting, with additional participants attending but not signing in. The meeting was hosted by the Louisiana Public Health Institute, the Louisiana Department of Health and Hospitals and the Louisiana Health Care Commission.

Therese Hughes represented the Working Group at the meeting and Dr. Aaron Shirley also attended.

As was the case at the first meeting in Kansas City, attendees were predominately women (75 percent). Over half (54 percent) were between the ages of 45 and 64. Seventy-two percent identified themselves as white, 28 percent as African-American. Eighty-four percent had either a college (31 percent) or graduate (53 percent) degree. Approximately 74 percent of the audience was employed full time; 73 percent had employer-based health insurance; 9 percent were covered through Medicaid and 9 percent were uninsured.

The majority of attendees were from the health care community in the greater Baton Rouge area and included people from the host organizations; state agencies such as the Louisiana Office of Mental Health, the Louisiana Medicaid Agency and the Louisiana Department of Insurance; state level organizations such as the Louisiana State Nurses Association, the Louisiana Primary Care Association, Blue Cross/Blue Shield of Louisiana, the Louisiana Academy of Family Physicians and the Louisiana branch of the Children's Defense Fund. A large number of individual health care providers and educators were represented including health systems, hospitals, physicians and a nursing school. Representatives from AFSCME and UFCW attended. There were also attendees from a local realtor and the National Federation of Independent Businesses. A small number of attendees were people from New Orleans who spoke to conditions there. One state representative attended, as did a staffer for another. Theresa Byrd, a staffer for Congressman Richard Baker assisted the Working Group both before and during the meeting.

DATA

Are you male or female?

25.0%	1	Male
75.0%	2	Female

How old are you?

5.6%	1	Under 25
33.3%	2	25 to 44
53.7%	3	45 to 64
7.4%	4	Over 65

Are you Hispanic or Latino?

0.0%	1	Yes
96.3%	2	No
3.7%	3	No Response

Which of these groups best represents your race?

72.2%	1	White
27.8%	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
0.0%	6	Other
0.0%	7	Decline to answer

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

0.0%	1	Elementary (grades 1 to 8)
1.8%	2	Some high school
3.6%	3	High school graduate or GED
7.3%	4	Some college
3.6%	5	Associate Degree
30.9%	6	Bachelor's Degree
52.7%	7	Graduate or professional degree
0.0%	8	Decline to answer

What is your primary source of health care coverage?

72.7%	1	Employer-based insurance
7.3%	2	Self-purchased insurance
1.8%	3	Veterans'
9.1%	4	Medicare
0.0%	5	Medicaid
0.0%	6	Other
9.1%	7	None
0.0%	8	Not sure

What is your employment status?

14.8%	1	Self-employed
74.1%	2	Employed - working full time

3.7%	3	Employed - working part-time
5.6%	4	Not employed / currently looking for work
0.0%	5	Homemaker
1.9%	6	Other

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

61.8%	1	It is in a state of crisis
32.7%	2	It has major problems
5.5%	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?

22.8%	1	To pay for everyday medical expenses
77.2%	2	To protect against high medical costs
0.0%	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?

46.3%	1	Accessibility to care and coverage
5.6%	2	Knowing what to do when
5.6%	3	Importance of having evidence-based care
0.0%	4	Assurance that communities have capacity to deliver care
13.0%	5	Consumer-driven
3.7%	6	Patient responsibility
11.1%	7	Equal access to different types of care (e.g. mental health)
1.9%	8	Choice to decide avenue to health care
13.0%	9	Baseline equity (regardless of income, race, etc.)

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.]

85.5%	1	Yes
14.5%	2	No

Which of the following statements most accurately represents your views?

19.6%	1	Providing coverage based on who you are (for example, people who have coverage through their employers or people who qualify for public programs because of age or because they are poor) as is the case currently
67.9%	2	Defining a level of services for everyone, regardless of their status, but with coverage assured only for that defined set of services
12.5%	3	Unsure

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 copayments 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?

- | | | |
|-------|---|---|
| 5.5% | 1 | Limited eye care |
| 14.5% | 2 | Change physician care to provider care |
| 9.1% | 3 | Long-term care |
| 16.4% | 4 | Disease management |
| 10.9% | 5 | Case management / advocate for consumer |
| 7.3% | 6 | Home health |
| 18.2% | 7 | Expand prevention to include total wellness |
| 18.2% | 8 | Nothing |

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

- | | | |
|----|---|--|
| -- | 1 | Chiropractic |
| -- | 2 | Substance abuse |
| -- | 3 | Physical, occupational and speech therapy |
| -- | 4 | Prescription drugs (deny access to name-brand) |
| -- | 5 | Anything not proven to be effective |
| -- | 6 | None |

Who ought to decide what is in a basic benefits package?

- | | | |
|-------|---|------------------------|
| 5.2% | 1 | Government |
| 8.6% | 2 | Medical professionals |
| 0.0% | 3 | Insurance companies |
| 1.7% | 4 | Employers |
| 19.0% | 5 | Consumers |
| 65.5% | 6 | A combination of above |

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 | Transportation |
| -- | 2 | Lack of insurance (or limits) |
| -- | 3 | Lack of quality assurance |
| -- | 4 | Availability of providers |
| -- | 5 | Loss of employment & insurance |
| -- | 6 | Physical infrastructure (not enough) |
| -- | 7 | Access to culturally-competent care (language, appearance, etc.) |
| -- | 8 | Moderate income citizens falling through gaps |
| -- | 9 | Location (urban and rural areas) |
| -- | 10 | Lack of emergency preparedness impacting ability to get care |

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 | Pre-existing conditions |
| -- | 2 | Bureaucracy of system (particularly transferring from one provider to another) |
| -- | 3 | Lack of virtual records (electronic medical records) |
| -- | 4 | Lack of continuity of care (problems with continuum of care) |
| -- | 5 | Inadequate Medicaid reimbursement |

--

6 Pre-employment health screenings

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

37.5%	1	Cost-effective care from a network of quality-oriented providers
8.9%	2	Culturally competent, affordable choice
17.9%	3	Access to providers & coverage
8.9%	4	Choice
0.0%	5	Equality of access between mental and physical health
8.9%	6	Consumer-driven & consumer-evaluated health care
5.4%	7	Access to information on outcomes
12.5%	8	More community based clinics to improve accessibility
0.0%	9	No undue barriers to specialty care
0.0%	10	Confidentiality

Should everyone who can afford to do so be required to enroll in basic health insurance?

64.8%	1	Yes
35.2%	2	No

Should some people be responsible for paying more than others?

59.6%	1	Yes
40.4%	2	No

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

6.3%	1	Everyone should pay the same
14.6%	2	Family size
27.1%	3	Health behaviors
43.8%	4	Income
8.3%	5	Other

Should public policy continue to encourage though tax breaks employer-based health insurance?

86.8%	1	Yes
13.2%	2	No

Do you think government resources should continue to subsidize health insurance for people who can't otherwise afford it?

89.8%	1	Yes
10.2%	2	No

**Please rate your level of agreement with the following responsibilities of individuals and families:
Guardians of Quality Care**

12.0%	1	Strongly disagree
6.0%	2	Disagree
44.0%	3	Agree
38.0%	4	Strongly agree

**Please rate your level of agreement with the following responsibilities of individuals and families:
Appropriate Utilization**

2.1%	1	Strongly disagree
2.1%	2	Disagree
31.3%	3	Agree
64.6%	4	Strongly agree

Please rate your level of agreement with the following responsibilities of individuals and families:

Patient Must Act as a Consumer

2.0%	1	Strongly disagree
2.0%	2	Disagree
44.9%	3	Agree
51.0%	4	Strongly agree

What can be done to slow the growth of health care costs in America? And which of these steps is the most important to take?

27.3%	1	Enhance prevention, wellness / health promotion
15.9%	2	Support for community-based services
9.1%	3	Disease management
0.0%	4	Incentivize medical centers to reduce admin costs
11.4%	5	Realistic health care charges
2.3%	6	Setting realistic goals b/w patient and provider
2.3%	7	Proper pharmaceutical utilization
11.4%	8	Reduce pharmaceutical costs
4.5%	9	Choose appropriate level of provider (consumer incentives)
15.9%	10	Consumer education and participation in care

What can be done to slow the growth of health care costs in America? And which of these steps is the most important to take?

6.1%	1	Tort reform
24.5%	2	Consumer responsibility
10.2%	3	Insurance reform
16.3%	4	Disclosure and transparency regarding costs & billing
20.4%	5	Increasing access to home-based services (less institutionalization)
6.1%	6	Eliminate (or restrict) direct-to-consumer advertising for pharmaceutical industry
14.3%	7	Requiring preventive care (e.g. routine checkups) in order to reduce chronic disease (and reduce costs in the long run)
2.0%	8	Penalize industries that enable unhealthy lifestyles (e.g. fast food, tobacco, etc.)

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?

8.7%	1	\$0
19.6%	2	\$1 - \$100
19.6%	3	\$100 - \$299
26.1%	4	\$300 - \$999
19.6%	5	\$1000 or more
6.5%	6	Don't know

Considering the rising cost of health care, which of the following should be the MOST important priority for public spending to reach the goal of health care that works for all Americans?

6.5%	1	Guaranteeing that there are enough health care providers, especially in areas such as inner cities & rural areas
23.9%	2	Investing in public health programs to prevent disease, promote healthy lifestyles, and protect the public in the event of epidemics or disasters
37.0%	3	Guaranteeing that all Americans have health insurance
8.7%	4	Funding the development of computerized health information to improve the quality & efficiency of health care

0.0%	5	Funding programs that help eliminate problems in access to or quality of care for minorities
2.2%	6	Funding biomedical & technological research that can lead to advancements in the treatment & prevention of disease
17.4%	7	Guaranteeing that all Americans get health care when they need it, through public safety net" programs (if they can not afford it)."
4.3%	8	Preserving Medicare & Medicaid

Considering the rising cost of health care, which of the following should be the MOST important priority for public spending to reach the goal of health care that works for all Americans?

8.7%	1	Guaranteeing that there are enough health care providers, especially in areas such as inner cities & rural areas
32.6%	2	Investing in public health programs to prevent disease, promote healthy lifestyles, and protect the public in the event of epidemics or disasters
10.9%	3	Guaranteeing that all Americans have health insurance
10.9%	4	Funding the development of computerized health information to improve the quality & efficiency of health care
6.5%	5	Funding programs that help eliminate problems in access to or quality of care for minorities
0.0%	6	Funding biomedical & technological research that can lead to advancements in the treatment & prevention of disease
28.3%	7	Guaranteeing that all Americans get health care when they need it, through public safety net" programs (if they can not afford it)."
2.2%	8	Preserving Medicare & Medicaid

Considering the rising cost of health care, which of the following should be the MOST important priority for public spending to reach the goal of health care that works for all Americans?

12.8%	1	Guaranteeing that there are enough health care providers, especially in areas such as inner cities & rural areas
21.3%	2	Investing in public health programs to prevent disease, promote healthy lifestyles, and protect the public in the event of epidemics or disasters
8.5%	3	Guaranteeing that all Americans have health insurance
6.4%	4	Funding the development of computerized health information to improve the quality & efficiency of health care
10.6%	5	Funding programs that help eliminate problems in access to or quality of care for minorities
10.6%	6	Funding biomedical & technological research that can lead to advancements in the treatment & prevention of disease
23.4%	7	Guaranteeing that all Americans get health care when they need it, through public safety net" programs (if they can not afford it)."
6.4%	8	Preserving Medicare & Medicaid

If you believe it is important to assure access to affordable, high-quality health care coverage and services for all Americans, which of the following proposals, or combination of proposals, would you support most? (see explanation below)

38.8%	1 (AA-1)	A (\$\$\$)
10.2%	2 (AA-1)	B (\$\$\$)
2.0%	3 (AA-1)	C (\$\$) and G (\$)
6.1%	4 (AA-1)	C (\$\$) and H (\$)
4.1%	5 (AA-1)	C (\$\$) and I (\$)
0.0%	6 (AA-1)	D (\$\$) and G (\$)
4.1%	7 (AA-1)	D (\$\$) and H (\$)
6.1%	8 (AA-1)	D (\$\$) and I (\$)
4.1%	1 (AA-2)	E (\$\$) and G (\$)

0.0%	2 (AA-2)	E (\$\$) and H (\$)
8.2%	3 (AA-2)	E (\$\$) and I (\$)
4.1%	4 (AA-2)	F (\$\$) and G (\$)
2.0%	5 (AA-2)	F (\$\$) and H (\$)
2.0%	6 (AA-2)	F (\$\$) and I (\$)
8.2%	7 (AA-2)	G (\$), H (\$), and I (\$)

The cost of any proposals will be borne by individuals, government, or business. The amount will depend on how many individuals participate, what benefits are covered, and other factors. However as a very general approximation, each proposal has \$, \$\$, or \$\$\$ next to it to represent how expensive it could be. Each of you has \$\$\$ to vote for proposals. Vote for the proposals you would support with your limited dollars. If you vote for a proposal with \$\$\$, then you can only vote once. If you vote for a proposal with \$\$, then you can vote another time for a proposal with \$. You could also vote for three proposals if each is only \$.

\$\$\$

A Create a national health insurance program, financed by taxpayers, in which all Americans would get their insurance.

B Require that all Americans obtain coverage, either through employers, government programs or insurance they purchase on their own

\$\$

C Offer uninsured Americans income tax deductions, credits, or other financial assistance to help the purchase private health insurance on their own.

D Expand state government programs for low-income people, such as Medicaid and the State Children's Health Insurance Program, to provide coverage for more people without health insurance.

E Expand current tax breaks available to employers and their employees to encourage employers to offer insurance to more workers and families.

F Require businesses to offer health insurance to their employees.

\$

G Increase flexibility afforded states in how they use federal funds for state programs -- such as Medicaid and S-CHIP -- to maximize coverage.

H Open up enrollment in national federal programs like Medicare or the federal employees' health benefit program.

I Expand neighborhood health clinics.

STAYING INVOLVED

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 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
- 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
- Add your opinions to three different polls in the **Public Comment Center**
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
- 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
- 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
- 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
- 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
- Stay tuned to the homepage for information on the **Final Recommendations** and the schedule of **Congressional hearings** to address those recommendations.
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@ahrq.hhs.gov.