

**Citizens' Health Care Working Group  
Public Meeting  
January 18-19, 2006  
Washington, DC**

**Meeting Summary**

**Attendees**

**Members**

Randy Johnson, Chairperson  
Dotty Bazos  
Montye Conlan  
Richard Frank  
Joe Hansen  
Therese Hughes  
Pat Maryland  
Catherine McLaughlin  
Rosie Perez  
Aaron Shirley  
Deborah Stehr  
Don Young

**Staff**

George Grob, Executive Director  
Craig Caplan  
Carolyn Dell  
Jessica Federer  
Frankie Giles  
Margretta Kennedy  
Andy Rock  
Connie Smith  
Caroline Taplin

**Other Participants**

Mark Marich, The Public Forum Institute  
Jonathan Ortman, The Public Forum Institute  
Amy Eckenroth, The Public Forum Institute  
Elizabeth Magruder, The Public Forum Institute  
Susanna Knouse, The Public Forum Institute  
Hala Harik Hayes, *AmericaSpeaks*  
Surjeet Ahluwalia, *AmericaSpeaks*  
Carol Regan, Associate to Joe Hansen  
Jack Molnar, Consultant (by phone)  
Jon Comola, Consultant  
Marcia Comstock, Consultant

## **MEETING SUMMARY**

The following meeting took place over a day and a half. These minutes summarize the presentations made to and key points discussed by the Working Group Members.

Randy Johnson, the Chairperson, began the meeting at 9:00 a.m., Wednesday, January 18, 2006.

### **Jonathan Ortman**

#### **Summary Results from Community Meeting in Kansas City, MO**

(See Power Point Presentation)

### **Working Group Discussion**

Working Group members also discussed the significance of the demographic mix of the community meeting participants and whether education was an effective socio-demographic proxy for income. It was suggested that staff could propose useful cross-tab data displays of the demographic data and results of polling at the community meetings. It was observed that the people that attended the community meeting were similar demographically to both the Working Group membership and to respondents to the on-line web questionnaire. Working Group members discussed the recommendations for controlling costs of health care proposed by participants at the Kansas City community meeting. , Many of these recommendations did not appear to address the issue of cost effectively.

### **Staff Comments on the Kansas City Meeting**

Caroline Taplin:

Most participants were from the medical community including many associated with the sponsoring organization. Nevertheless, there were divergent positions on a number of issues. There was strong support expressed for the Medicare program as something to build on. There were useful practical suggestions regarding organizing future community meetings, including: tailoring “e-vites” to emphasize that we want to hear from people served by the sponsoring organizations in addition to their employees and asking people to sit at tables with people they don’t know. In general, meeting participants considered the meeting successful and the Public Forum Institute staff formed an effective team.

George Grob:

The meeting went well, in large measure due to the contractor. Participants wanted both open-ended questions as well as extended closed-ended questions that could be further analyzed. The process worked very well: having discussions, asking the audience to call out their responses, asking the audience “why” they answered the way they did, and then having polling questions. A question for the Working Group is whether to keep this open-ended approach where questions can be used that derive from the participant responses or whether to close up the process.

It was generally agreed that, in order to assure a diverse range of responses from all segments, there needs to be consideration of locations, times of meetings, and venues for meetings, and an active effort at audience outreach.

## Meeting Outreach Efforts

### General Discussion:

Daycare and transportation support subsidies were mentioned as necessary; providing food and drink for participants may also be needed if there is to be success in drawing in diverse participants. It will be difficult to assure the participation of working poor people. It may help to hold meeting(s) in conjunction with or in proximity to day care. Local people need to go into the communities to ask for assistance providing support. An “affirmative action” plan for such outreach may be needed. People not associated with organizations need to be solicited; Orlando could be the first site for testing this approach and there is an effort underway, with the assistance of the Public Forum Institute, to contact workforce development organization clients there. Efforts are needed to connect with 501(c)(3) groups. *AmericaSpeaks* staff observed that both the well off and the poor are typically equally available for full day meetings on Saturdays.

The challenge in getting effective diversity will be around the staff-assisted meetings; contractor-sponsored meetings are required to assure diversity of participations. The initial three meetings (Kansas City, Orlando, Baton Rouge), although supported by the contractor, were set up very quickly and had to rely on the local hosts. Part of the outreach effort by the contractors, for future meetings, will include the full range of organizations in the local area.

The Executive Director asked whether the Working Group wanted to consider reducing the number of staff-assisted meetings and taking some of those funds in order to bolster the efforts of the contractor to hold more contractor-supported meetings. It was pointed out that the key issue was obtaining effective hosts in the local area in order to assemble full and diverse audiences. It was pointed out that there should not be a concern about the demographics at any individual staff-assisted meeting because the analytical basis for the project would aggregate results from all the similar meetings and data. It was also pointed out that the way that questions were asked at the meetings might not be rigidly identical, so that the objectivity of the summarized results would be less rigorous than, for instance, a random telephone survey (although this might have other methodological issues to address). To better address the issue of diversity, it was suggested that different venues should be sought and that more community meetings should be held in work places with employees, for instance. The Public Forum Institute indicated that it was important to focus on obtaining effective local sponsorship, partners, an effective venue, and, most importantly, the ability and commitment of the sponsor, hosts, and partners regarding their willingness and ability to obtain a sizeable audience for the each meeting before committing to meetings in these new locations.

The issue of getting the disenfranchised individuals to participate will continue to be a challenge; one or more meetings targeted specifically at the unemployed or uninsured might be an approach to take. Either each meeting would need to seek to assure diversity or there would need to be special targeted audiences of diverse groups (or both). The Working Group Chairperson asked that the two contractors and the Executive Director arrive at recommendations on how best to address these essential diversity needs.

### Chairperson:

The Working Group Members are in for an interesting and valuable experience; the technology and facilitation worked well at the Kansas City meeting. Working Group members will enjoy this process. Be sure to introduce yourself to the press individuals present. The potential role of the Working Group members at these meetings includes: providing introductory comments using script initially drafted by staff, circulating around to the tables, listening to the discussions, and talking to media present. The moderation of the meetings can be left to the contractor. A local sponsor (head of the venue being used for the meeting) can be given the courtesy of providing introductory comments; local hosts can be given a brief time to welcome the audience. The Working Group member, by doing the initial introduction, can then be identified to meeting participants, who may want to speak to the member later and will recognize the member when they are circulating throughout the meeting.

### **George Grob**

#### **Detailed Agenda and Draft Polling Questions**

(See document for full listing of all questions and agenda)

The Executive Director led a discussion of the detailed agenda from Kansas City and the draft polling questions:

#### Values

Discussion of Question 1, *What does "health care that works for all Americans" mean to you? And as we consider ways to improve our health care system, what values and/or principles do you believe are fundamental?* – How do you explain what you mean by “value” and “principles”? How is a value different from a solution or recommendation? The Public Forum Institute had alternate phrasing on its slide. The current question is at a high reading level and could conflict with obtaining effective information from diverse participants. *AmericaSpeaks* felt the current question worked as it was. An alternative would be to use both types of questions: “what values/principles do you believe are fundamental” and “what should we really hope for and what worry about?” Or, “what do you want preserved and what do you want fixed?” Or, “is health care a public good; is it a right or a privilege; is it up to the individual or is it up to organizations/government to address?”

The Working Group concluded that additional questions be added and that the facilitator be allowed to use both.

#### Deliberation 1: Benefits

Discussion of Question 1, *Health care coverage can be organized in different ways. Two different models are:*

- a. *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; or*
- b. *Defining a level of services for everyone, regardless of their status, but with coverage assured only for that defined set of services.*

*Which of the above would you prefer? Why do you think either of these approaches would be the better way to provide coverage*

– This question needs revision; it provides options that are “apples and automobiles,” they are so non-parallel and in need of simplification. Possibly, more simply, the question could be “we now

have mainly employer-sponsored insurance with a number of safety nets to fall back upon...should we retain this approach?" The Working Group indicated that they wanted to give participants a choice. The advice of the Working Group was that the questions be asked as they are included on the written detailed agenda, not as they appeared in the current draft of the future web-based polling questions.

Discussion of Question 2, *On a scale from 1 (not essential) to 4 (most essential): How essential would each of the following services be to include in a basic benefits package?* – Revise the question to force trade-offs. There are a large number of choices that participants could be asked to choose among. It was suggested that the list of services be condensed somewhat although it was suggested at the community meeting that the categories be further refined to include separate annual physical and preventive care entries. There was some support for a suggestion that the question be simplified, to ask the public to weigh in on whether they want more or less coverage than in some benchmark such as the most popular Federal Employees Health Benefit plan (FEHBP).

Another suggestion generally supported by a show of hands of the Working Group, was to add another question: "if there was a comprehensive health plan, who should operate it; who should decide what those services would be; and who should develop the plan?" The Public Forum Institute recommended language like "who decides what is in the plan?"

## Deliberation 2: Getting Health Care

Question 1, *What kinds of difficulties have you had in getting access to health care services?* – Keep question as is.

Question 2, *On a scale from 1 (not important) to 4 (most important): If you had the opportunity to choose your health insurance plan, how important would each of the following be to you?* – It is difficult to know whether one is answering the question about the provider or the health plan. It is also important to know whether health care or health care insurance is being discussed. The question asks people to rank things that are not really in the same "universe." Maybe the question should distinguish between providers and health insurance plans. Knowing what's important to people is more important than knowing what people would change. The contractor recommended forcing a ranking. The point was made that the question needs to be simpler. The contractor suggested that the question was whether to provide options or whether to ask the participants to make suggestions. The Working Group agreed to changing the question to be "what's important to you?" and removing items a and j.

Question 3, *Where do you get information for making choices about health care and/or health insurance?* – The Working Group voted to drop the question.

## Deliberation 3: Financing

The Working Group felt there was insufficient time to discuss the six questions.

Question 1, *Should everyone who can afford to do so be required to obtain basic health insurance?* – It was observed that if the Working Group wants to know about how people feel about an individual mandate, the question should be: "should everybody be required to

participate in a health care system?” or “Should everyone be required to obtain basic health insurance?” Portability is a key point. Subsidies may be necessary for those least able to afford insurance. This needs to be different from second question, maybe by using the word “purchase” rather than “obtain.” Should those who do not have coverage be required to?”

Question 2, *Should some people be responsible for paying more than others?* – Change it to, “Should those unable to pay for it themselves be provided financial support?”

The follow up to Question 2 could be: “What should be the criteria on which it would be determined how much people pay? (income, no difference, age, etc.)” Another point is that currently people in the individual market pay more; this is not addressed in any of the questions.

Questions 3&4, *Most Americans get their health insurance through their employers. Should public policy continue to encourage employer-based health insurance? Do you think government resources should subsidize health insurance for people who can't otherwise afford it?* – There was some discussion regarding the ambiguity of the questions. It was suggested that there could be preliminary discussion before asking the polling questions. Contract and Staff suggested keeping these questions for the two all-day meetings but deleting from the short meetings; this was not generally agreed to. A majority agreed to introduce the questions with a discussion and then voting (meaning, spend more than 4 minutes total).

Question 5, *What should the responsibilities of individuals and families be in paying for health care?* – It was decided to leave this question in for the present. It was commented that this question led to elevated debate and discussion at the community meeting. It was pointed out that this question requires more background.

General concluding comment was that it might be necessary to find more time for the financial section; that it was too important to short change.

#### Deliberation 4: Trade-Offs

Question 1, *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?* – To interpret responses to this question, information about income is needed. The income question could be asked as an additional demographic if the Working Group wished to do so; and family size.

The staff will be able to provide some analysis based on the demographic data. It was commented that there is not necessarily a correlation between health condition and opinions on policy.

Question 2, *What should be the MOST important priority for public spending on health and health care in America?* – Change the beginning of the question to, “Considering the rising cost of health care....,” without reference to the federal budget deficit. There is some redundancy between items a and e; one is a subset of the other. It was stated that the question needed to stay focused on asking the participants to make judgments about the big priorities. “H” could be changed to make it more generic. Summary of discussion: reallocating public spending to reach

our goal of a health care system that works for all Americans. It was pointed out that this question asks for their “MOST” important priority.

Alternative language that was suggested: “because money is going to be scarce and not all wishes will be able to be met, which do you consider the most important priority for public spending?” The challenge of the question as it is currently stated is that it doesn’t focus on explicit trade-offs. A recommendation was to set up the options as clear trade-offs. Another way of modify: simplify the question: keep a-h; combine a and e (drop e) and add an i: Maybe assuring the financial integrity of existing basic federal programs such as Medicare, Medicaid, and social security. Then ask the participants to identify 3 choices and then poll on which of the top three they preferred.

Question 3, *Some believe that fixing the health care system will require tradeoffs from everyone – e.g. hospitals, employers, insurers, consumers, government agencies. What could be done -- and by whom?* – The Working Group agreed to leave the question in for the time being. The value of the question is that it allows the public to think about what is at stake and how they would approach the issue of who is willing to make trade-off. It was recommended to provide a little more structure (e.g., that the responses be provided in the form of a trade-off). Question 4, *If you believe it is important to ensure access to affordable, high quality health care coverage and services for all Americans, what proposals would you suggest for doing this? On a scale from 1 (strongly oppose) to 5 (strongly support), please rate the following proposals... – Item g (Create a national health plan, financed by taxpayers, in which all Americans would get their insurance.) would imply a single health plan. These items are not formally trade-offs; the change suggested is to have these items ranked (“which one or more do you most support?”) rather than weighting them all; then have a follow-up polling. Each item could have a price tag attached (since most had been scored by CBO at some time) so that people will realize that some answers, while not fixing the whole system, may be a lot cheaper. Another approach would be to show dollar signs (\$, \$\$, or \$\$\$), depending on the level of price the different options would have; then ask people to pick solutions that have a maximum number of dollar signs that limits the amount each can spend. This may be technically difficult because many of the options are scalable and could range in price, depending on the specifics of the proposal. A majority of Working Group members present, or on the phone, voted to have staff examine the feasibility of doing this and come back with a recommendation.*

It was suggested that the agenda for the community meetings be rotated, in order to reduce systematic response fatigue bias.

The Public Forum Institute was advised to characterize the options under trade-offs simply as options that had come up in the Working Group for possible consideration and not as recommendations that were already being considered.

The Working Group indicated that examples of clear trade-offs needed to be provided to the community meeting participants in the future (e.g., lower taxes versus more premiums). Sacrifice is implied by many true trade-offs .

**George Grob and Randy Johnson**  
**Discussion of and Suggested Edits to the Draft Guide Discussion**

It was indicated that *AmericaSpeaks* needs the final draft approved and to them by Monday, 1/23 so the document can be printed.

### ***Analyzing Citizen Input***

(See Chart of Data Sources)

The Working Group discussed the various sources of information that were being sought, how to view the data and information received from these various sources, and the significance of information from each source in developing recommendations.

### **National Telephone Survey**

The Working Group members engaged in an extended discussion about the proposed national telephone survey: sample size, response rate, strategic importance of the survey, potential source bias, number of questions that would be asked, and the budget implications of the previous issues. Suggestions the Members made regarding alternatives to explore included: “piggy-back” on a current survey by a respected health research group, increase funds for the in-house survey in order to be able to pay for a higher response rate, and explore study with Harris Interactive.

Members discussed how to assure that the research that is conducted and the analysis that follows is accurate, reliable, and unbiased. It was mentioned that part of this process would be having others “vet” the research findings to assure they are balanced and presented accurately.

Working Group members did not support canceling 2-3 community meetings in order to have more money to pay for an upgraded response rate.

The messages to Staff were to: explore where they could get free raw data; ride other surveys; do its own survey, attempting to increase the response rate as much as possible; have the survey peer reviewed by a variety of outside reviewers; and include MEPS in the sources of data.

### **Community Meetings**

The Working Group wanted to know whether the contractor would be able to provide content analysis of the information derived from the Standardized Meetings. The community meetings will provide a better sense of how people feel about the issues being addressed. A further inquiry from the Working Group was whether the contractors had a way of helping to compensate for the biases that the attending Working Group member might bring to the meeting and to their review of the data from each meeting.

It was pointed out that the value of the meetings will be that they can serve up both qualitative and quantitative data. The strength and value of this information derives in part from availability of both sources of information.

### **Web-Based Questions**

To date, there have been over 2,000 respondents to the on-line questionnaire, “What’s Important To You?” The existing open-ended questions are being supplemented by a series of closed-ended polling questions (mounted on the web, 2/1/06).

Staff was invited to consider contracting the preparation of the community meeting report writing function.

Staff was encouraged to upgrade and update the web site as rapidly and as possible on a continuous basis.

**George Grob, Jon Comola, Hala Harik Hayes, Jonathan Ortman, Marcia Comstock  
Partners—Effective Ways to Promote Greater Participation**

Working Group members have undertaken a variety of activities to encourage greater citizen participation:

- Pat Maryland met with 70 Ascension hospital administrators and had them participate in a survey and encouraged them to set up similar health care forums; for the March 11 community meeting in Indianapolis, she is reaching out to community leaders, African American physicians and the Hispanic community.
- Joe Hansen has spoken directly with union leadership at a wide number of organizations; succeeded with Kroger, in particular, in obtaining major engagement with the initiative (they will talk to their employees, put out handbills, and engage in outreach); is expecting Giant, Stop-N-Shop and others to respond to similar appeals; and agreed to joint press conferences with Kroger for the meetings.
- Catherine McLaughlin is meeting biweekly regarding the March 22, 6:30-9:30 p.m. EST Web-cast; is seeking co-sponsorship of the Association of Schools of Public Health; has received affirmative responses from five schools thus far (including: Boston U, Berkeley, Michigan, and Tulane); and is seeking creative financing. Only Ann Arbor will have video; the other sites will have audio and computer hook up.
- Montye Conlan is contacting Florida media and submitting letters/op-ed pieces to newspaper.
- Deb Stehr is attending the ICANN meeting as individual, not as a member of the Working Group; talking to USAction about health care outreach and to Rock the Vote leaders; talking to many people one-on-one in her community; reengaging in community organizing; and is in touch with Iowa media.
- Dotty Bazos is working on a Staff-Assisted community meeting on end-of-life care questions in New Hampshire at Dartmouth College. She is still determining whether to have open mikes and is expecting about 200 participants.
- Randy Johnson is sharing information with associations (they have been responding asking what they should do) and Human Resources professionals (concluding that it would be highly desirable to be able to hold meetings that were no longer than 1 ½ hours long); he has encouraged school Superintendents to introduce health care discussions in appropriate school contexts.
- Carolyn Lukensmeyer advised the Working Group to: emphasize outreach and media links; consider targeted paid advertising, such as in neighborhood and language newspapers that will run stories every week until events take place; seek additional assistance from Senate sponsors of the legislation; draw in neighborhood councils in LA (for instance); send out our (now sufficiently advanced) materials to school mailing lists.

- Jon Comola indicated that he and his associate had: outlined a strategy for a partnerships campaign; provided a “how to,” and strategic plan; assembled a matrix of cities involved in the community meetings to help answer the question “how did you choose these locations”; are helping with meetings in Albuquerque and San Antonio; sent Emails to contacts throughout the country; meets with trade and industry associations; worked with California Health Decisions to reach diverse audiences; will approach the pharmacists’ association for assistance.
- Jonathan Ortman complimented Montye Conlan regarding her successful media outreach; observed that one piece missing is that the New York Times hasn’t yet written an article about this project and the other media hasn’t yet locked on to this project; suggested that there is no national buzz yet although now everything is primed and ready. He observed that there is a difference between polite tacit support by the media versus their becoming mobilized and aggressively involved; we know we need to seek to reach the hard-to-reach minorities; everyone is aware of what we’re doing but it hasn’t been picked up yet; we need to “break some glass” occasionally in order to garner greater attention to the project; there should be a lot more interactivity among the different actions that make up the current project; we should make sure that every single day there is some news; there needs to be a consistent and ongoing effort to keep people informed in order to help build the sense of involvement.
- Richard Frank mentioned that one group thus far not heard from is the opinion leaders and asked what strategies are there to address this (op eds, etc)?
- Marcia Comstock mentioned that community clinics are a good place to diversify the audience; the Centers for Disease Control and Prevention could also get involved, by putting a link to the web site; they can augment other efforts.
- Connie Smith said she has been talking to both local and national media and that she has an Email list of over 300 reporters to whom we send materials to regularly.
- Therese Hughes sees herself as advocating on behalf of under-represented populations in need who will not be at the table; this requires going to places like Laundromats, Home Depot, construction sites; she has been working with community clinics, intertribal council of California. She indicated that the Working Group needed to work with grass roots organizations. The community meeting in Sacramento is proceeding, but it needs to be at a day and time when the dispossessed can attend, not just when organizational officials say to hold the meeting; rural areas are also another area that is not well represented; She is interested in figuring out how can we use the interest and willingness of organizations such as FamiliesUSA. She is working with Amy Eckenroth (of PFI) and Connie Smith. She urged that the cities and states that the Working Group will be having meetings in need to be contacted right away because they need time to plan and to get to the table.

#### Comments:

Members agreed that they might want to prepare their own op eds regarding their individual views on why it’s time to hear from people about health care and discussed developing a strategy regarding how to best use Staff and contract resources. It was suggested that maybe there should be different kinds of op eds addressing different issues beginning with basic ones about why it was desirable to have the conversation about the health care system at the present time. It was pointed out, as a practical matter, that the likelihood of an op ed being printed depended on who

wrote it and who signed it as well as on the significance and quality of the writing. Some articles might be prepared anonymously but offered to individuals known in the community to whom the contents of the articles appealed and who would associate themselves with the remarks.

It was pointed out that the preferred author of an op ed would be a recognized member of the community and that such articles address either the substance of the Working Group's activities and the way it is conducting its public outreach. Naturally, such articles should contain accurate current data and be addressed to both national and local audiences and media.

Major content for articles and news-worthy stories will also come from the community meetings which will attract media interest. Repeat stories at the local level may also garner national media attention. Media attention before, during, and following local community meetings, is all desirable. The full range of activities being undertaken by the Working Group at the present time makes it both attractive news outlets as well as essential to the success of the meetings being held. Small news items locally can lead to national media attention. Most editors don't want to write editorials that are basically advertisements for people so the op eds need to be issue-oriented. All sources of media should be approached. Staff and funding and time are limited, of course. The Public Forum Institute offered to put together a two page media strategy.

The Working Group Members raised the issue of wanting to agree on a process for vetting editorials; at a minimum, they should be shared with the Members.

### **Executive Director's Summary of Discussion and Conclusions of the Working Group:**

There are two key issues:

- Does the Working Group want to trade-off some meetings for more in depth assistance?
- Strategy for looking at the budget to see if we could buy someone to help write up the meeting reports and whether there are other things the Working Group wants to buy more assistance for.

Areas of outreach that need attention:

- General population-- Middle America
- Hard to reach populations
- Highest level of political attention

Regarding Media:

- Ask Edelman for help on key points

Other:

- No plot to cut people out; everything is measured in hours and days
- We will do everything to get materials to members and do so timely
- An apology regarding not having sent copies of the final report to the members already
- 1-2 hour meeting; we need to help people produce meetings in other formats including possibly having some of the staff-assisted meetings be traditional town hall meetings
- Question about how to use information from these more traditional town hall meetings.
- In order to accomplish the many tasks ahead, there needs to be a tacit approval to allow the staff to move on issues without having every single element of decisions or actions subject to prior approval by every member of the Working Group.

Question was posed whether the Working Group collectively was comfortable with the relatively independent development of the national web-cast. Response was anyone should be able to take the initiative but the key is that results from these meetings won't be used in the same way as other sources of information.

A majority of the Working Group members voted to allow the staff to move ahead with consolidating the comments into a revised set of polling questions (for the web and for a paper version that would be used as a possible hand out at some community meetings). The questions will be revised and available on the web by Wednesday, 1/25.

It was proposed that members seek meetings with hard-to-reach populations and that the Working Group and staff not restrict themselves to using the formal structured meeting process but explore whatever formats will work best for the populations involved. Also, it was emphasized that prior to agreeing to a particular staff-assisted meeting, it be confirmed that there is full buy in by the sponsoring organization and known that the sponsor will be able to get an audience for the meeting. The hard-to-reach were defined here as including the self-employed, small business owners, lower middle class union employees, and "average workers" ("who are the majority" of the United States). Elsewhere, this group, as here defined, was later referred to as "middle America."

It was observed that the Los Angeles Signature Meeting will have a significant number of Native Americans and the Fargo, ND meeting is part of a five state area with the highest concentration of small businesses. Staff expressed some concern about the ease with which diverse participation could be achieved for the Staff-Assisted meetings. There was a consensus that a special emphasis was needed and would be made to reach out to a population of greater diversity. Therese Hughes, in particular indicated she wanted to work with staff on this. Documenting who is present at the community meetings is important and will be part of the work carried out.

There was further discussion about the meeting site selection process; staff recommended that the current sites that had been already confirmed not be changed but that additional locations be selected based on the full set of considerations of diversity, proactive sponsorship, etc.. For new sites, commitments would not be made unless there was: a viable sponsor; the capacity to obtain an audience; and, as appropriate, the option of targeting a particular pocket of people.

The Executive Director will spend some one-on-one time with individual members discussing their thoughts about an outline for the interim recommendations report before the next Working Group meeting. This could also be the subject of regular Friday telephone calls. The current alternate location for the second Signature Meeting is Cincinnati; another option is Minneapolis/St. Paul. If Chicago fails as a Signature Meeting, the city could still be the location for a Standardized or Staff-Assisted meeting.

The Chairperson adjourned the meeting at 3:00 p.m., Thursday, January 19, 2006.