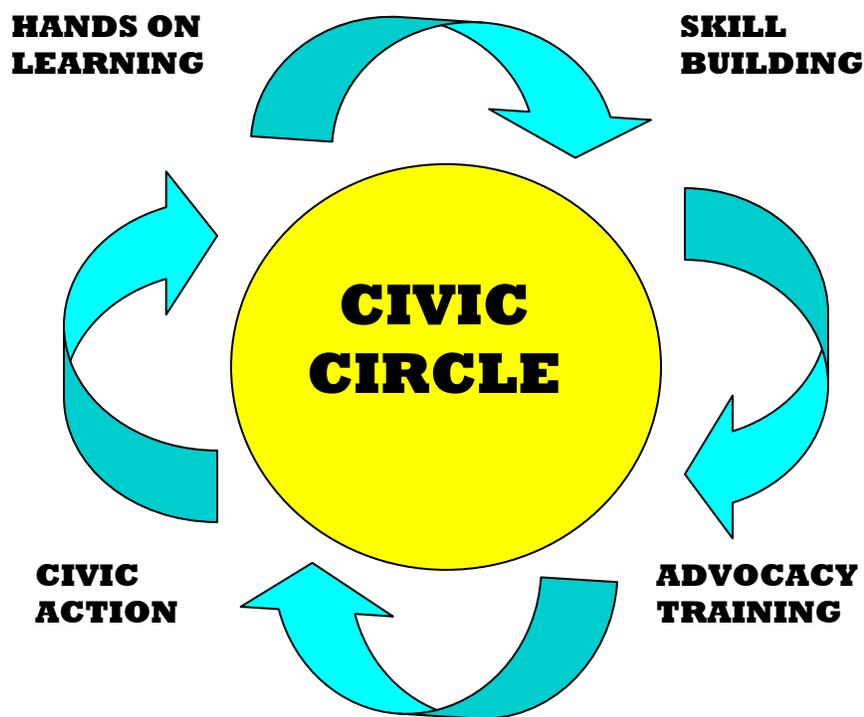




ACCESS THROUGH ACTION DIALOGUES

Participatory Action and Learning Groups



Human Services Coalition
Health Care Access Summit Series #1

Adapted from:
Thriving Communities
A Guide for Public Dialogue and Problem Solving by Brad Rourke
Study Circles Resource Center and Northwest Area Foundation

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INTRODUCTION

People in communities in Miami Dade County want to live in a place where they have access to quality affordable health care.

People talk about health care in different ways. But when they talk about health care, one thing that always comes up is access in our community.

Health care access issues are everywhere. It may look different in rural places than it does in cities or suburbs. But there are things about health care access that look the same in all these places.

Access to health care may look different to each of us. A single parent might view access to health care as an unaffordable luxury. A senior who enjoyed health care while employed may be overwhelmed by the added burden of paying for health care after retirement. Some people may struggle to understand the complicated forms required to access some health care programs. A person who has health care through her employer may not worry about access for others. People new to the United States may not trust our institutions, or they may be worried that their immigrant status will affect their access to health care.

This discussion guide will help us talk about the kind of health care access we want to see in our community. No community is doing well when some of its members are denied health care. If we work on increasing access to health care, we can have a better community. And, by working on making the community better, we can improve access to health care. These two important tasks go hand in hand.

Access to health care affects us all. Even wealthy parts of the community may struggle with health care access. We need to share our vision of what kind of community we want. We need to take action to change things so that we all can thrive.

Why might Action/Learning Circles work for us?

- **People care. They want to make things better.**
- **Problems like access to health care call for many solutions**
- **When we all join in, we all win**

When we talk face-to-face, we get to know each other. Trust builds.

Why Use Study Circles to Talk about Health Care?

Some people may already be working on health care access in our community. But to move ahead, more of us need to be a part of that work. Study circles can help people learn about what others are doing to improve health care access. And they can get more people involved.

Study circles can bring new life and ideas to what people are already doing. They can make these efforts bigger and better. And they can help us see needs that have not been met.

Study circles are small, diverse groups of people who meet several times to talk about a key public issue, like access to health care. When many study circles happen all at once, it is called a community-wide study circle program.

The goal is change in the community. First, people look at how health care access has touched their lives; then, they talk about why they believe barriers to health care access exist. Finally, people in each circle work on action.

How a Study Circle Works

In a study circle, each session builds on the one before it. This guide is a tool to help us look at poverty in our community and create change.

Here's how this study circle works:

Session One

- **Get to know each other.**
- **Talk about how we are connected to the issue.**
- **Begin to look at barriers to health care access.**

Session Two

- **Create a vision of a community where everyone has access to health care.**
- **Talk about what the health care system looks like in this community.**

Session Three

- **Talk about why there are health care access barriers in this community.**

Session Four

- **Talk about ways to reduce or eliminate barriers to health care access.**

Session Five

- **Talk about the assets in our community.**
- **Talk about how to make our ideas from Meeting Four happen.**

The Action Forum

After the fifth session, we will all meet. We will collect action ideas from all of the study circles. At this action forum, people can sign up to do something or learn more.

MEETING ONE

How Are We Connected to Our Community and to Health Care?

Facilitator Guide

This session has four parts. One facilitator should guide the discussion and the other should keep track of time and take notes. Use the amount of time suggested for each part. Try to cover all the questions.

COLLECT IDEAS

- **Note ideas that may come up about how to eliminate health care access barriers on a flip chart even though this session does not deal specifically with solutions.**
- **Post this list where everyone can see it and explain that as we go along and ideas come up, we will note them to use in later sessions.**

HELP GROUP WORK TOGETHER

- **Help everyone feel welcome and valued. Be sure each person has a chance to speak and to listen to other group members.**
- **Some people are more comfortable talking about this subject than others. Help put people at ease by giving them time and space to participate.**
- **Ask for volunteers to read out loud. Be prepared to read yourself if there are no volunteers.**

Meeting Goals:

1. Get to know each other.
2. Talk about how we are connected on the issue.
3. Begin to look at barriers to health care access.

PART ONE – Getting Started (30 minutes)

- Read the introduction to the group. Or ask if someone is willing to read parts of it aloud.
- The facilitators will explain their roles. They are not teachers. This is a place for the group to talk and work together to understand the barriers to health care access and what can be done to eliminate barriers. The facilitators help to make sure the talk stays on track and is useful. They do not take sides.
- Each session will take about 1.5 hours. If the group agrees, we can choose to talk longer.
- We need to create some ground rules to help our group work better together. Here are some ideas. Are there rules you would like to add? Talk about them.

Ground Rules

- **Listen to one another. Treat each other with Respect.**
- **Each person gets a chance to talk.**
- **One person talks at a time.**
- **Speak for yourself. Don't try to speak for your group.**
- **It's OK to disagree. If you feel hurt, say so and say why.**
- **Stick to the issue.**
- **Some of what we talk about could be very personal. We will not talk about these stories to other people, unless we all say it is OK.**
- **Help the facilitator keep things on track.**
- **Others?**

PART TWO – About Ourselves (20 minutes)

Each person will answer these questions:

1. What is your name? Where were you born? Where did you grow up?
2. Where do you live now?
3. Why is coming here today important to you?
4. What do you hope this dialogue will lead to?

PART THREE – Ties to Our Community and to Health Care Access (30 minutes)

We will talk about these questions:

1. What is your community like now? Who lives there? What is it like living or growing up there today?
2. What do you like about living in your community? What is going well? What is not going well?
3. Describe a time when you, or someone close to you, found it difficult or was not able to access health care in your community? What was it like? How did other people react?
4. What does it look like when a community does not have adequate and accessible health care? What is a community like when people are not healthy?

PART FOUR – Reflection (15 minutes)

We will talk about these questions:

1. What did you learn in this session?
2. What stories touched you or surprised you?
3. Why is it important for everybody to have access to health care?

For Next Meeting:

Think about something that has worked well or something you like about the health care system in your community. Come with some examples. What would it be like if that happened more often?

Closing:

- Thank people for coming and sharing.
- Remind group that it is very important for everyone to attend every session.
- Briefly explain what will be discussed in the next meeting.

MEETING TWO

A Vision of our Community: What Access to Health Care do we have in Our Community?

Facilitator Guide

In Meeting One, we talked about our connections to the community. We also talked about what it is like when we don't have access to adequate health care and when people are not healthy.

In this meeting, we will talk about how we would like our health care system to be. We will also talk about what the health care system looks like in our community.

- This session has three parts. Use the amount of time suggested for each part. Try to use all of the questions in the meeting.
- In Part Three, you will need the Information Sheet prepared for this meeting.
- List and display major themes for this meeting on large sheets of paper.
- Note taker should take notes for use in later sessions.

Collect Ideas for Action

- As participants come up with ideas about how to improve access to health care in the community, recorder should add them to list of Action Ideas from first meeting.
- If group members come up with things the community is already doing to increase health care access, list them on a newsprint for **Things We Are Already Doing**.
- Remind group that ideas will be used in later session.
- Post and review ground rules with the group.

Meeting Goals:

4. Create a vision of a community where everyone has access to health care.
5. Talk about what the health care system looks like in this community.

PART ONE – What Good Things Did we See? (10 minutes)

Think back over the time since we last met. Talk about these questions:

1. What are some things that work well our community's health care system? What would it be like if those things happened more often?
2. Did you see or think about anything that surprised you?

PART TWO – A Vision Of Our Community Health Care System (45 minutes)

Large and Small Groups

Imagine a health care facility in our community where everyone goes and has access to good health care. Now imagine that we want to put a plaque up in the front entrance for everyone to see that expresses what we like about his health care facility. We want to put words or phrases on it, words of hope and expectations.

We need to find words that describe our vision of our health care system where everyone has access to good health care. There is room for only five words and our group has to come up with these words.

Look at the box, **Things You Might Find in a Good Health Care Facility**. It has some ideas for words for our plaque. The facilitator may ask someone to read the ideas out loud.

1. What words or phrases would you like to put on our plaque? As a group, we will brainstorm to add to this list?
2. Once our list is complete, which three words matter most to you?

Things You Might Find in a Good Health Care System

Respect - Health care providers treat clients with fairness and strive to ensure that the client's dignity is always maintained.

Good and Coordinated Services - Customer service is a top priority. Clients feel as though service providers care about their well being.

Options - Health care providers communicate the entire range of services available to clients. All clients are informed of various measures they can take to better their health.

Good Records and Communication Between Health Care Facilities - Client records are kept confidential and maintain confidentiality and protection as information is exchanged from one health care facility to another.

Access for Immigrants - Immigrant populations are welcome without discrimination. Health care providers accommodate immigrants with translated materials and a translator if necessary. Intense outreach is conducted to inform immigrants of their right to services.

Reduced or Free Care - Those who cannot afford to pay for services are accommodated with reduced or waived fees. Quality care is not contingent upon income levels.

Short Waiting Periods - Health care providers strive to provide thorough and timely care to all patients.

No Bureaucracy - The administrative process is efficient and simple eliminating delays in service and ensuring that patients are able to navigate through the system with ease.

Services Close to Home – Health care facilities are centrally located within the community and easily accessible by public transportation.

Accessibility for Disabled People – Health Care facilities are constructed and furnished accommodate people with disabilities,

Culturally Appropriate Services - Health care providers provide culturally appropriate services appealing to people from diverse backgrounds. Cultural biases do not interfere with health care provider's ability to provide quality treatment to all patients.

Consumer Input into Health Care Service Delivery - Health care providers and clients work together to eliminate health disparities.

Others.....

Flip Chart

3. Form 2 – 3 small groups to talk about:
 - What do these words or phrases mean to you?
 - Which ideas matter most to you?
 - How would others in your community feel about them?
 - What ideas would you like to add?
 - Try to come up with a list of three that your group can agree on.
4. Return to the whole group and talk about the ideas generated. Together we will try to agree on five words or phrases to put on our plaque.
 - Each small group will read their words or phrases and say what they mean.
 - Which ideas are alike and which are different?
 - Try to agree on five words or phrases – facilitator will write these on a flip chart labeled **Our Community Health Care Vision**.
 - Other words will be saved for later.
 - How do you feel about this list of ideas?
 - Imagine what it would be like to have this kind of health care access?

PART THREE – What Does Health Care Access Look Like Here? (30 minutes)

Large Group – recorder puts responses on flip chart.

We have talked about our vision, but we still have health care access problems. Look at **Our Community Health Care Vision**. Talk about these questions:

1. In our community, who might think this vision seems out of reach? Why?
2. How big of a problem is health care access in our community? What kinds of barriers are experienced in our community? List.
3. How do the barriers we've discussed make it hard to have the kind of health care we have described in our vision?

We have developed an Information Sheet on how we are doing in meeting our health care needs.

1. What do you think of these facts? What stands out?

2. What does this information tell us?

For Next Meeting:

Think about the words and phrases we chose for our plaque. See if you can find some examples of these ideas in the community.

Closing:

- Thank people for coming and sharing.
- Remind group that it is very important for everyone to attend every session.
- Briefly explain what will be discussed in the next meeting.

MEETING THREE

Why is there a lack of Health Care Access in our Community?

Facilitator Guide

In Meeting Two, we talked about our vision of a good health care system for our community. We also talked about some kinds of health care barriers in our communities.

Now we are going to talk about why there are barriers in our community.

- This meeting has two parts. Use the time suggested for each as a guide. Try to cover all of the questions in the meeting.
- Post the notes from the last meeting where everyone can see them.
- The recorder will list major themes from this meeting and on newsprint so that everyone can see them.
- Save newsprint notes to be used in next meeting.

Collect Ideas for Action

- As participants come up with ideas about how to improve access to health care in the community, recorder should add them to list of Action Ideas from first meeting.
- If group members come up with things the community is already doing to increase health care access, list them on a newsprint for **Things We Are Already Doing**.
- Remind group that ideas will be used in later session.
- Post and review ground rules with the group.

Meeting Goals:

6. Talk about why there are health care access barriers in this community.

PART ONE – (15 minutes)

Large Group

Think back over the time since we last met. Talk about these questions:

3. What examples of our community vision for good health care did you find since our last meeting?
What gave you hope? Why?
4. What made you sad or upset? Why?

Later, we will talk about solutions for our barriers to health care. But before we can figure out what to do, we need to know why there are barriers to health care here.

PART TWO – Why Are There Barriers to Health Care in Our Community?

(60 minutes)

Large Group

Barriers to Health Care have many faces. People have many views about what causes barriers, and why barriers continue to exist. One view cannot tell there whole story.

Here are some different views about why there are barriers. You may agree with some of them. You may disagree. We will take turns reading the views out loud and will use the questions in the **Discussing the Views** box to talk about them.

We will talk about solutions later. For now, if you think of a way to reduce or eliminate barriers to health care in our community, ask the facilitator to write it down in our list of **Action Ideas**.

Why Are There Barriers to Health Care

Possible reasons:

View #1

Some people say: **Cultural Barriers Exist**. Sometimes people don't access existing health care because of cultural barriers. Oftentimes services can be perceived by people of diverse backgrounds as culturally insensitive or inappropriate. For example, services may be offered in ways that some people find embarrassing or offensive. Some health care providers may allow cultural biases to impact their ability to provide quality, comprehensive services.

View #2

Some people say: **Inadequate Promotion of Services**. Oftentimes people do not access health services due to lack of knowledge of programs available to them. Health care programs must perform widespread outreach to make community members fully aware of health care services they may be eligible for.

View #3

Some people Say: **Racism**. People of color continue to face health care access barriers as a result of racism and prejudice. While great strides have been made through public policy to eradicate social inequality, the institutionalization of racism contributes to the persistence of racial disparities. The prevalence of health disparities within communities of color is a result of institutionalized racist practices within the health care system.

View #4

Some people say: **Anti-Immigrant Policy**. Both Federal and State immigration policies play a role in preventing immigrant populations from gaining quality health care access. Immigrant status directly impacts eligibility for vital federal and state funded health programs. Oftentimes legal immigrants encounter longer waiting periods for program eligibility and undocumented immigrants may risk deportation when attempting to access services. Anti-immigration policies create distrust in immigrant communities towards local, state and federal governments, which, in turn, may deter some immigrants from attempting to access services for which they qualify.

View #5

Some People say: **People are Responsible for their Own Health Care.** The government is not entitled to provide public assistance to vulnerable populations, including health care. Public health care policies prevent people from becoming self-sufficient. Some policies like Medicaid, KidCare, or Charity Care make recipients dependent on the system. Access to health care is a matter of personal responsibility.

View #7

Some people say: **Greed and Selfishness.** Lobbyists for insurance companies and pharmaceutical companies control the health care system. Health care decisions are made in the interest of those with economic interests. Privatization is leading to higher costs for those who need health care and higher gains for the health care industry.

View #8

Some people say: **People Can't Afford Insurance.** Insurance coverage is becoming increasingly unaffordable as health care costs rise, the cost of living steadily increases and the economy continues to grow sluggish. Increasingly, both lower-income and middle class people are facing similar struggles financing health coverage.

View #9

Some people say: **Lack of Community Input.** Oftentimes health care services are created without adequately inquiring about the needs of the community served and researching best practices for delivering services. It is often assumed that professionals who make decisions about what services are provided and how they are provided know best what clients need.

Discussing the Views

After reading the views, refer to the following list of questions to help talk about the views:

- Which views are closest to your own? You may agree with more than one.
- Think about a view you don't agree with. Why would someone agree with that view? Try to come up with reasons to support that view.
- Do some of these views surprise you? Why?
- Which views conflict with each other?
- What would you like to add?
- If we want to achieve our vision, which views are the most important to work on?

For Next Meeting:

Think about these views on what causes barriers to health care access. See if you hear them from others in the community. Who has these views?

Closing:

- Thank people for coming and sharing.
- Remind group that it is very important for everyone to attend every session.
- Briefly explain what will be discussed in the next meeting.

MEETING FOUR

Reaching our Health Care Access Vision?

Facilitator Guide

In Meeting Three, we talked about causes of health care access barriers. Now we are going to talk about what we can do to reduce or eliminate barriers.

- This meeting has three parts. Use the time suggested for each as a guide. Try to cover all of the questions in the meeting.
- Post the notes from the last meeting where everyone can see them.
- The recorder will list major themes from this meeting and on newsprint so that everyone can see them.
- Save newsprint notes to be used in next meeting.

Collect Ideas for Action

- As participants come up with ideas about how to improve access to health care in the community, recorder should add them to list of Action Ideas from first meeting.
- If group members come up with things the community is already doing to increase health care access, list them on a newsprint for **Things We Are Already Doing**.
- Remind group that ideas will be used in later session.
- Post and review ground rules with the group.

Meeting Goals:

7. Talk about ways to reduce or eliminate barriers to health care access.

PART ONE – (10 minutes)

Large Group

Think back over the time since we last met. What did you hear in the community since our last meeting? Did any opinions about why there are barriers to health care access surprise you? Have you thought about what you learned from other people in the group?

PART TWO – Making a Difference (60 minutes)

Large Group

The following list explains some ways to reduce or eliminate health care barriers. We will talk about each one, and come up with our own ideas. We will use the **Questions to Discuss** box to help us talk about the examples and we can ask other questions.

Someone will read each approach out loud. Use these to talk about how we might reduce or eliminate health care access barriers in our community. If you think of other examples of action, be sure to tell us.

Ways to Reduce or Eliminate Barriers to Health Care Access

Possible Approaches:

Approach #1: Become an Informed Consumer.

Investigate the health care options available to you and other members of your community. Research the health care provider or facility you currently use. They may provide services that you need but are not aware of.

Approach #2: Focus on local government.

The local government is responsible for making sure enough funding goes into community health care facilities, programs and initiatives. Stay informed of local health care policies, and monitor how your local government is spending your tax dollars to enhance the quality health care in your community.

Approach #3: Join forces with local organizations.

Get involved with organizations raising awareness around local health care issues. Attend community events, participate in campaigns or become a member.

Approach #4: Establish relationships with key, influential people.

Identify the leaders making or influencing critical decisions on health care in your community. This may be an elected official or the head of leading organization. Express your interest in their work; praise them for the positive impact they have made in the community; request meetings with them to discuss your thoughts on health care issues and inquire how you can assist them in their efforts.

Approach #5: Become part of a broader advocacy movement

Access barriers to health care is not unique solely to your community; people are struggling with similar problems across the country. Educate yourself on national health care issues. Compare what is going on in your local community to what is going on in other people's communities, and research what other concerned people are doing to impact change nationally. Some actions people may be taking to influence national health care issues are making phone calls and writing letters to Congress, signing petitions, meeting face-to-face with members of Congress or protesting.

Discussing The Approaches

We can use these questions to help us talk about the approaches

- Which approaches appeal to you and why? What doubts or concerns do you have?
- What is already going on in our community that reflects these approaches?
- What approaches might help us get closer to our vision?
- How would this approach help us address barriers to health care access in our community.

PART THREE – What Are Our Best Action Idea? (30 Minutes)

Large Group – Recorder will note community specific ideas in the following categories: Individual Action, Small Groups, Community Wide, With Government

We have made a list of action ideas as we talked about many ways of reducing barriers to health care access.

1. What ideas would we like to add?
2. Think about things you can do on your own, things that you can do with other small groups of people, and things that the whole community could do together, things that require communicating with the government.
3. How many different ideas can we come up with?

Narrow Down the List of Ideas:

Let's begin to narrow down the list. We will do this again in the next meeting. First we will combine ideas that are nearly the same. Then, we will think about our community vision for health care access and how to make it happen.

Setting Priorities

- **What five or six ideas seem most real and useful?**
- **Who would work with us on these ideas?**
- **Are they things we can really get done?**
- **Have they worked before?**
- **What other communities are trying them?**

For Next Meeting

Think about these approaches and ideas. Choose one approach or idea and see if you can find it in the community.

Closing:

- Thank people for coming and sharing.
- Remind group that it is very important for everyone to attend every session.
- Briefly explain what will be discussed in the next meeting.

MEETING FIVE

Moving to Action

Facilitator Guide

In Meeting Four, we talked about approaches that can be used for creating a good health care system. We also created a list of ideas to reduce barriers to health care access in our community.

In this session we will talk about our strengths or community assets. We will also begin to to action.

- This meeting has five parts. Use the time suggested for each as a guide. Try to cover all of the questions in the meeting..
- Label a new Flip Chart **Community Assets** and post it.
- Prepare an **Our Community** flip chart and post it. There should be four categories: **Vision; Assets; Promising Approaches;** and **Priority Action Ideas.** Fill in all but the Priority Action Ideas with results from first four meetings.
- Post you sheets labeled **Action Ideas** and **Things we are Already Doing.**
- Today the group will narrow down a list of action ideas to present at the action forum. (Some ideas may not end up on the list. Tell people that they will have a chance to add their own ideas at the Action Summit.

Meeting Goals:

Talk about the assets in our community.

Talk about how to make our ideas from Meeting Four happen.

PART ONE - What are our Community Assets? (30 minutes)

Large Group

Assets can be things or people. They are things that people have or use to help themselves and each other. For example, somebody in your community may know a lot about how to navigate the health care system and can help other people understand what services are available or how to communicate with important decision makers in within the health care system. Another asset could be an empty lot where children in the community can like to play that could be converted into a park or playground so that children have a healthy and safe place to get exercise.

Some communities have a culture of taking care of one another. This too is an asset. Other communities may not have this culture but can nurture and develop this kind of a culture as they work together to meet agreed upon goals. A group that meets together with a sense of purpose at least five times tends to keep in touch.....

To begin our discussion, we need to make a list of our assets. Every group and every person has them. We can use our assets to deal with hard issues like barriers to health care access. The Recorder will write all answers on a flip chart entitled **Community Assets**.

Use these questions to find out about our community assets:

1. What are some things you know a lot about?
2. What are some talents or skills of other members of this group? How about other people in the community?
3. What groups do you belong to? How can they help?
4. What groups in the community affect those who experience barriers to health care? How can they help?
5. What assets do we have – like land, buildings, space, tools or even money?

PART TWO – Connecting Our Action Ideas with Our Assets (35 minutes)

Look at our list of Community Assets. See if any assets link up with our action ideas. For example, one action idea might be: “Start a Medicaid and SCHIP outreach campaign to Haitian immigrant communities”. Here is how we could connect this to some assets:

- **Problem:** Many eligible Haitian immigrants in your community are not enrolling in the Medicaid or SCHIP program. Despite the steady growth of that particular population in your community, the local social services agency has not developed informational materials in Creole.
- **Asset:** A group of Haitian American students at the local university has established a community service focused Haitian Cultural Club on campus and is currently developing plans for a health focused community service project.
- **Asset:** A local community center in close proximity to a Haitian immigrant neighborhood has large meeting rooms open to public use free of charge.

We can link these three things together. We have a group of Haitian American college students who can conduct Medicaid outreach to the Haitian immigrant community through hosting community events related to Medicaid and SCHIP eligibility and assisting with completing program applications at the community center.

Think about other kinds of links you can come up with. This will lead to more ideas and could remind you of more assets.

PART THREE – Setting our Priority Action (25 minutes)

Look again at our list of ideas for action. Now we are going to narrow it down to a few ideas we can work with. Then we will come up with our final list for the action forum.

- Which ideas are easiest to get done?
- Which ideas might help people to increase their access to health care?
- Pick two or three ideas that seem useful and ask yourself the following questions:
 - a. What would it take to make this happen?
 - b. What community assets could we use to move this idea forward?
 - c. What would our next steps be?
 - d. What kind of support do we need to take these steps? Who else could we link up with?

- Choose up to three action ideas to take to the Action Summit. We should choose ideas that are not too big, or too hard to do. Write this under **Priority Action Items** on **Our Community** flip chart. They should be things we can do on our own, or in groups. People from other groups will also bring ideas to the Action Summit.

PART FOUR – Getting Ready for the Action Summit (15 minutes)

When the study circle sessions end, everyone will meet at the action summit. During the action summit, we will provide feedback from our time with our groups and sign up for action groups. The purpose of the action group is to turn ideas into action. Your group may decide to write a report for public officials, community leaders, the media, and other influential members of the community.

A Sample Action Summit Agenda

- 1) Social Time: Use this time for refreshments, networking and time to read summaries from each study circle.
- 2) Welcome & Introductions
 - Moderator welcomes participants and recognizes sponsors.
 - Review Agenda.
 - Discuss the study circle effort.
 - Thank study circle facilitators and volunteers.
- 3) Reports From Study Circles
 - Each study circle spokesperson presents on the issues, concerns and ideas for action discussed in their study circle.
 - Vision and community assets are included.
- 4) Moving to Action
 - Moderator discusses common themes among groups and invites participants to join action groups and sign up for study circle facilitator training.
 - People sign up for action groups.
 - Action group leaders collect contact information from interested people and set date for first meeting.
 - People sign up for facilitator training for future study circles.
- 5) Closing Remarks
 - Moderator describes how the action groups' efforts will be tracked and supported.
 - Moderator discusses relevant next steps and thanks everyone for their participation.

One person from your group should be chosen as a spokesperson to represent your group at the Action Summit.

Review the Community Assets flip chart. We will review the items discussed with the facilitator at the summit to examine our progress. You are welcome to add to the list prior to the summit.

PART FIVE – Wrapping Up (15 minutes)

Thank you for participating in this study circle. Just by participating in this conversation, you are making a difference in your community. Please discuss these questions about your study circle:

- 1) What is something new that you learned about health care access in your community?
- 2) Has your view of your community's health care system changed? If so, how?
- 3) How do you plan to stay involved in addressing health care access in your community?
- 4) What is the greatest benefit you are taking away from this study circle?

Closing:

- Thank people for participating in the action learning groups and for working to make a difference in the community.
- Ask if there are any questions about the Action Summit.
- If the date has been set, tell your group where and when the Action Summit will take place. Let them know how important it is for them to come.
- Remind them that they have take part in the Civic Action Circle illustrated below. Ask people w they feel they are in the circle.

