Step-by-step Guide to Facilitating A Community Health Equity Dialogue

Prepared for the Connecticut Association of Directors of Health

INTRODUCTION

On February 4, 2010, participants in CADH's Health Equity Index project met for a workshop on "Community Engagement through Facilitated Dialogue." The workshop was facilitated by Doak Bloss, Health Equity and Social Justice Coordinator for the Ingham County Health Department in Lansing, Michigan. Mr. Bloss presented a specific "sequence of inquiry" that has been used in Ingham County to structure community dialogues on many topics, including the community's response to health inequity. During the workshop, participants worked in small groups to generate possible questions and activities that might be used in a similar dialogue format. Following the workshop, Mr. Bloss created this generic step-by-step guide for a facilitated community dialogue for use by CADH's community teams.

Limitations of the Step-by-Step Guide

While each of the departments participating in CADH's Health Equity Index project has an interest in engaging community members through dialogue, each also has its own specific intentions and expectations with regard to the proposed dialogues. Variables across the three sites include:

- 1) Who will participate in the dialogue process, and the timing of their engagement;
- 2) Desired outcomes from community engagement through dialogue; and
- 3) Existing relationships between participating health departments and their communities.

Since no single dialogue design will likely meet the needs of all three communities, this step-by-step guide has been created to serve the broadest possible application of dialogue. It focuses on a prospective community dialogue that would:

- 1) Involve diverse participants, including those who are empowered to make important decisions about health and social policy as well as those who experience the consequences of those policies; those who deliver health and human services as well as those who are recipients of those services; and those who have a clear interest in public health and health equity as well as those who perceive no immediate interest in either;
- 2) Produce broad recommendations for strategic action without presuming how or by whom those actions are to be taken; and
- 3) Engage diverse community members in an understanding of multiple facets of mutual health concerns, thereby fostering new relationships and nurturing new community leaders in working for health equity.

Adaptation of the Dialogue Design

Since no dialogue structure will meet the needs of every dialogue event, facilitators are encouraged to modify the questions, activities, and time frames recommended here to accommodate the specific parameters of the session they are facilitating. For some of the components, the author has listed ways the design could be modified to meet different needs from those of the generic community dialogue. These suggestions are provided under the heading "Variations" at the end of each section.

The Generic Dialogue Design (Sequence of Inquiry)

The generic session described here is assumed to be three hours in length, and could be modified to accommodate a time frame of 2-4 hours simply by reducing or increasing the amount of time devoted to each dialogue component. (The sequence of the components, however, should not be altered.) For a much shorter or much longer session, facilitators should consider a more substantial modification of the design itself.

The design has the following components

- 1. GATHERING/INTRODUCTION: A time for participants to mingle, get food, explore the space, etc. Also includes introductions and the asking of an "Intro" question.
- 2. TRIGGER INFORMATION: A brief presentation of data or sensory stimulation demonstrating 1) important connections between health outcomes and the social determinants of health; and/or 2) social determinants of health and aspects of the social structure that provide opportunity disproportionately to different populations groups.
- 3. OPEN DIALOGUE/REFLECTION: An opportunity for participants to share their own experience and feelings as they relate to what has been presented, with an emphasis upon helping those with the least apparent power and influence in the room be heard and understood by the group as a whole.
- 4. SUMMARY QUESTIONS: A sequence of short-answer questions that allows the participants to summarize what they have collectively said and heard.
- 5. STRUCTURED EXERCISE TO ANSWER THE FOCUS QUESTION: An exercise during which participants generate recommendations for strategic action that can form a foundation for future work.

ROLES. There are several roles that members of the facilitator team can play in addition to acting as the primary facilitator for the session.

Primary Facilitator:

Manages the "Intro Question" and all dialogue portions of the session (parts 3-5); above all strives to maintain a "values-neutral" stance that will allow contrasting viewpoints to be heard. The Primary Facilitator should *not* be the provider of Trigger Information, so that s/he can ask clarifying or challenging questions of the content expert.

Content Expert: (Presenter)

Provides the trigger information that launches the dialogue process. This person should be well versed in the information to be presented and prepared to answer questions about it. S/he should also be skilled at condensing information into a reasonably short presentation, with engaging visual elements.

Scribe:

Records portions of the dialogue, either publicly (on a flip chart or index cards affixed to an adhesive board) or privately (in notes that are not visible to the participants).

Mike Runner: (optional)

(for larger gatherings where audibility may be an issue) Moves around the room during the Open Dialogue in response to people who want to share a thought. May also do the same in the latter half of the Focus Question exercise as cards are being placed on the board.

Table Facilitators: (optional)

(for larger gatherings where groups are seated at tables) Assist people in generating and sharing their thoughts during the small-group portion of the Focus Question exercise. They should be prepared to facilitate only in cases where groups are having difficulty engaging or where some participants are dominating their table's dialogue. They should be adept at asking clarifying questions as opposed to leading participants toward a particular answer.

Host (optional):

Welcomes participants but does not participate in the process. Any time that is dedicated to a Host's presentation should be part of the "Gathering/Introductions" component of this design and deducted from the "gathering" time.

BREAKDOWN OF THE FACILITATED DIALOGUE SEGMENTS: The five sections of the dialogue format are broken down below, for a three-hour session beginning at 6:00 p.m. and ending at 9:00 p.m. For dialogues of shorter or longer duration, decrease or increase each component's time allotment accordingly.

6:00	Gathering / Introductions	30 minutes
6:30	Trigger Information	20 minutes
6:50	Open Dialogue	40 minutes
7:30	Break	15 minutes
7:45	Summary Questions	15 minutes
8:00	Structured Exercise to Answer the Focus Question	60 minutes
9:00	Adjourn	

Specific guidance for the five components (in **bold** above) are provided on the following pages.

I. GATHERING / INTRODUCTIONS (30 minutes)

Purpose: 1) Enable participants to settle into the dialogue space and mingle casually with one another.

- 2) Introduce the "Focus Question" for the dialogue and how it will be used.
- 3) Allow each participant to say something relevant to the evening's dialogue.

Gathering. Allow approximately 15 minutes for people to find their place, get food or refreshments, look over any visual materials that may be provided, and talk informally. The Facilitator should periodically encourage participants to enjoy the food or look at materials, and announce the time when the dialogue will begin in earnest.

Introduction. At 15 minutes after the start of the event, the Facilitator welcomes participants, introduces self, and provides a brief overview of the dialogue that is going to occur. This can involve a quick description of the process if desired, but the only mandatory elements are the presentation of the Focus Question and the answering of an Intro Question.

The Facilitator displays the Focus Question to the participants:

"What do we need to do to ensure that all members of our community have the things they need to achieve well-being?"

After reading the Focus Question once or twice, the Facilitator makes the following points:

- 1. The dialogue is designed to help us come up with a number of really good answers to this question—answers that will help us plan actions and strategies for improving the community's health. The intent is not to come up with one best answer, but many good answers based on the wisdom of the people who are in the room right now.
- 2. There will be several parts to the dialogue, starting with a presentation of some information by "experts" in public health. This is not the only information that matters to our dialogue, however: just as important are the thoughts and experiences all of *you* (participants) have about that information. In other words, everyone participating in this dialogue should consider themselves an "expert" on their community and the people who live in it. Sharing what we all know will help us arrive at good answers to our Focus Question.
- 3. Highlight these words in the Focus Question:
 - a. "Well-being" we chose this word rather than "health" because when people hear the word "health" they often think just about medical care, illness, our physical bodies. We want to talk about more than that: all of the things that contribute to our health or well-being: things like housing, employment, social connection, education, transportation, etc.
 - b. "Things" By "things they need to achieve well-being," we mean anything that enables a person to do well. This could include things like

the *opportunity* to get a good education or a job; it could mean access to *resources* like transportation or home mortgage assistance; or it could be the *social connection* that helps you know and take advantage of resources and opportunities that are available. Sometimes, who you know is the most important element of getting what you need. (Option: It may be helpful to display the words "opportunities", "resources", and "social connection" beneath the Focus Question at this point.]

- c. "We" Who is the "we" in the question? We want this to be as broadly defined as possible, and it may be different depending on how we answer the question. In some cases, the "we" may be the people we elected to make important decisions for our community; it may be other community leaders who run businesses or agencies; or it may be everyone who lives in the community and wants to make sure it is a healthy place to live. Whenever possible, try to think of the "we" as everyone who is here in this room, and everyone who has any responsibility for making the community healthy.
- d. "Do" (the second one) This is an important word because we want to frame our answers to the question as concrete, clear *actions* that we can take to improve the community's well-being.

Intro Question. Tell the participants that we now want to get a sense of who is present for this dialogue. Ask everyone to close their eyes for a just a second. After they have done so, ask them to think about what the phrase "healthy community" means to them. Give them a few seconds to think about this, and then encourage them to let several images come into their mind. Repeat the phrase: "Healthy community – what do you see?"

One at a time, invite the participants to introduce themselves by answering the following:

"Please tell us your name, and in 5 words or less tell us what you see when you think of a 'healthy community'?"

After all have introduced themselves, the Facilitator introduces the presenter of the Trigger Information.

- For smaller groups (15 people or less), you can eliminate the "5 words or less" instruction and allow people more time to express their initial ideas about "healthy community."
- For larger groups (more than 30), and especially groups that are sitting at small tables rather than in a "U" shape, a circle, or theatre style, have participants share their answers to the question in small groups (4 6 people); otherwise the activity will take too long. If you use this option, you can also ask for a few examples of "interesting or surprising" things that people saw and heard when they thought of a healthy community.

II. TRIGGER INFORMATION (20 minutes)

Purpose:

- 1) To provide information that will generate thoughts and experiences by the participants in the dialogue and will be helpful in answering the Focus Question.
- 2) To illustrate the connection between health and its social determinants

The **Content Expert** introduces self to the participants, reiterating: 1) that everyone in the room is an expert on what we all need to achieve well-being, and 2) that the information being provided is not meant to shape the answers we generate, but rather to get us thinking about our own experiences and insights about what makes a community healthy.

Content provided during the Trigger Information component will vary depending upon the intent of the dialogue and the makeup of the participants in the dialogue; however it is assumed that it will include data from the Health Equity Index that is representative, easy to comprehend, and likely to get the participants' attention. For example, if housing and transportation concerns are perennially important to a geographic neighborhood that is the focus of the dialogue, it would be important to include data that highlight housing and transportation and correlate it with other data on health and other concerns.

It is important that the presenter be clear that this does not represent "all there is to know" about the issues being covered—it is intended as an accurate, quick-to-comprehend snapshot of *some* of what we know. In fact, one of the answers to our Focus Question may be that there is other specific information we need to look at before we make decisions about what we need to do.

The Trigger Information can take many forms, including these optional components:

- Data from the Health Equity Index
- Maps depicting the data and showing correlations across census tracks for multiple determinants of health
- Maps depicting resources/assets such as parks, arts organizations, health care, transportation, etc.
- Photo-Voice presentations showing conditions in relevant neighborhoods or personal stories depicting those conditions
- Survey results that depict community concerns or perceptions
- A short, simple explanation of what the Health Equity Alliance is
- A short but representative excerpt from *Unnatural Causes*, to illustrate the concept of health equity and social determinants.

Twenty (20) minutes total is allotted to this component of the dialogue. This requires the presenter to refine the presentation to information that can be viewed and understood efficiently and clearly. The more complicated the information is, the more likely it is that participants will have questions about it, and these questions will eat into the time you have allotted for dialogue. It is important to think in advance about how you will handle

questions that arise from the participants while the data is being presented. Some suggestions:

- Time your presentation carefully, and allow 5-10 minutes at the end to answer questions that have come up. Encourage people to write down any questions that they have so that they can be addressed after the presentation is completed.
- At the same time, be aware that questions in the middle of the presentation may be important clues to whether the presentation is being understood. If people raise their hands or look confused, it is worthwhile to check in with participants to see where they may be misunderstanding or not following the information. (The Facilitator can also play a role in this; see below.)
- Be aware that once a question is acknowledged and answered, there will be a
 tendency for others to ask their questions as well, preventing you from moving on
 with the information you want to present. If it is important to get through all of
 the prepared information, either the presenter or the Facilitator should remind
 people to write down their questions and ask them after the presentation is
 completed.
- During the presentation and during any Q-and-A time you have allotted, it is important to distinguish between a participant *question* and a participant *comment*. The latter should always be deferred to the Open Dialogue segment rather than dealt with during the Trigger Information. Ask participants to write down their thought so that they can share it when we get to the Open Dialogue. Be mindful also that some comments may be framed as questions. For example, a question like "Don't most people who live in those conditions choose to do so?" is probably reflecting a point of view rather than an inquiry about the data, and so should be deferred to the next part of the dialogue. ("That's an interesting perspective, and we want to make sure we get it down, so please hold onto that thought for just a few more minutes, okay?")

The **Facilitator** has two potential functions during Trigger Information, and they both involve helping the presenter manage questions or comments from the participants:

- As long as the Presenter is all right with it, it is okay to for the *Facilitator* to ask a question that will help clarify the presented information for the participants. The facilitator should be mindful, however, that once the "floor is open" to questions, the group may begin to move into Open Dialogue prematurely. If this should happen, the Facilitator should step in again and suggest that the Presenter continue with the information and that comments and insights from the participants be saved for the Open Dialogue.
- At the end of the presentation, if time allows, the Facilitator should assist the Presenter in managing a Q-and-A session. In doing so, the Facilitator should make a clear distinction between asking clarifying questions of the Presenter and sharing one's own perspective on the information provided. Clarifying questions are fine, but if the group begins to move into Open Dialogue, the Facilitator should say something like, "In just a moment we're going to start pulling in the

viewpoints of everyone in the room, and I want to make sure we get all of your thoughts and ideas on the board, so could you hold that thought for now? Right now, we just want to make sure we answer any questions you have about the information that was presented."

- For sessions where you know who the participants will be in advance, it is a great help to provide them with a hard-copy of the trigger information in advance of the session. When this is done, the presentation during the session can be much more oriented around the "headlines" of the data, or clarification of information that is more difficult to digest. Even when information is provided in advance, there should still be a Trigger Presentation, however, because not everyone will have looked at the provided information ahead of time.
- Because of all the ways that an interactive presentation can turn into dialogue prematurely, there are many advantages to preparing a non-interactive trigger—that is, one that is pre-recorded and therefore discourages questions until after the 5 10 minutes it takes to watch and listen to it. Of course, the downside to this approach is that the participants will have less chance to interact with the presenter and therefore may settle into a passive rather than an active role early in the dialogue. But if the facilitator is armed with good questions to pose to the participants during the "Open Dialogue" component, this shouldn't be a problem.

III. OPEN DIALOGUE (40 minutes)

Purpose:

- 1) Encourage all participants to share their own information, feelings, and experience related to the Trigger Information.
- 2) Allow participants to express and exhaust any thoughts or assumptions that they came into the room with so that they will be more open to new perspectives on health and health equity.

This is by far the loosest part of the dialogue, and the one for which the facilitator has to do the least advance planning. It is important to keep both of the *purpose* statements above in mind as you facilitate the Open Dialogue. You are not trying to sell an idea or a conclusion to the participants, but rather to find out what the participants know and believe. By allowing participants to express their pre-existing notions of what creates well-being, you are also exhausting those notions as barriers to receiving new ideas, such as the links between opportunity and wealth attainment, racism and psychosocial stress, etc.

This does not mean that the Facilitator and others on the team do not have a role to play in challenging the pre-existing assumptions of participants in the dialogue. However, it is important that these challenges be expressed as questions rather than contrary opinions. Anything that a participant says is valid as a perception of reality, and therefore should become part of the record of the dialogue. The trick of managing the Open Dialogue is to also ensure that contradictory perceptions and information are allowed into the dialogue, to be weighed by participants when they get ready to answer the Focus Question.

Setup and Process. Two or three blank adhesive boards should be mounted on easels or the wall prior to the Open Dialogue, and any projections should be turned off.

The **Primary Facilitator** begins by saying that in this part of the dialogue we want to draw on the thoughts and experiences of the participants as they relate to the information that was presented. Numbers and data can tell us a lot about what is going on, but without the experience of people in the community we can't understand *why* and *how* things are the way they are. The Open Dialogue is a chance for anyone to say anything that is on their mind about community health and well-being. For the next 30 minutes or so, we just want to have a conversation, and we'll try to create a picture of the conversation on the boards using index cards to capture the main points people make.

At the start of the Open Dialogue, the Facilitator places three "anchor" cards on the board: sheets of colored paper that suggest aspects of the wellbeing that people may want to address. The anchor cards might read:

Individuals and	Neighborhoods	The Community
Families		at Large

Or, if there are a small number of discrete issues the dialogue focuses on, these may suggest the content of the anchor cards:

Housing	Transportation	Education	Employment

The actual words written on the anchor cards are not as important as the fact that there is *something* on the board at the start of the Open Dialogue, because it will make it easier for participants to frame their thoughts if they aren't staring at a completely blank board. Facilitator teams should try to come up with three or four headings that could encompass all of the comments that people might have. Going back to the discussion of the focus question, another option for this dialogue's anchor cards would be "Opportunity / Resources / Social Connection" (but only if you're confident the participants will have a clear understanding of those words and their relevance to health).

Either the Primary Facilitator or one or more **Scribes** will "track" the conversation on the adhesive board, writing down each speaker's basic point, and placing it on the board next to the most appropriate anchor card. Subsequent cards will fall into "threads" (series of cards that relate to the same general idea) flowing out from the anchor card.

The advantage of the adhesive board is that it allows the group to see a picture of its conversation as it evolves. By creating threads of conversation, participants can also go back to early comments without derailing the flow of the conversation. This is the part of the session that most resembles a typical, free-for-all, unfacilitated meeting. Early in the Open Dialogue, it is not important whether people are reaching deep insights: you are merely attempting to satisfy their need to say anything they want to get off their chest before the work of answering the Focus Question begins.

Facilitator Prompts. Any comment is relevant during the Open Dialogue, and should be recorded on the board. The Facilitator should nevertheless be armed with some broad questions that will help participants frame their thoughts and experiences. If participants are not immediately responsive, begin with one of these broad questions:

"How is your own experience the same as or different from what you just saw and heard?"

OR

"What stands out for you in what you just heard, and why?"

Either of these questions should be successful in getting the participants to begin sharing their thoughts. Once the Open Dialogue is underway and 5-10 cards have been placed, the Facilitator may want to consider asking quick follow-up questions to some (but not all) of the speakers, as a way to push the conversation deeper. Here are some "back pocket" questions Facilitators may want to have on hand for this purpose:

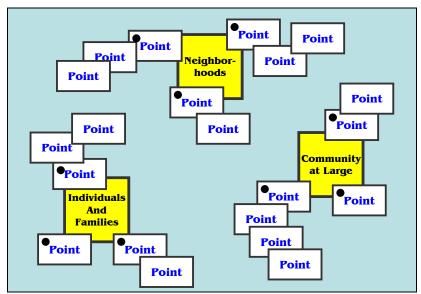
• "Why do you think that happens?" [To explore underlying causes of a common phenomenon or behavior.]

- "What does that tell us about how we make our communities better places to live?" [To draw out the insight or meaning of common experiences.]
- "What could we do to change that?" [To point the group toward thinking about actions and strategies; this should only be used near the end of Open Dialogue.]
- "Could you say more about that?" [When the basic idea of a comment is unclear.]
- "How common is that, in your experience?" [To identify outlier phenomena that could begin to override other information the group holds.]

Ending the Open Dialogue. When groups are given a set amount of time to engage in Open Dialogue, it is very common for the most insightful or important observations to emerge in the last five minutes. For this reason, it is a good idea for the Facilitator to announce when there are only "five minutes remaining" for this portion of the session. You man even want to do this prematurely (say, ten minutes before the end is actually due) so that there is ample time for late contributors to share their important thoughts.

Preserving the information from the Open Dialogue. The accumulated cards from the Open Dialogue are valuable input that should be recorded in the report you write after the session. In addition to portraying the collective thinking of the participants, discussion points from the Open Dialogue can be used to explain the final recommendations generated by the group. The following procedure is recommended. During the break that follows the Open Dialogue, the Primary Facilitator and/or Scribes should clear the adhesive board of cards in a way that will help the report writer synthesize what has been said:

- 1) Place a colored dot in the corner of the first card in each thread so that you will be able to identify it as the start of a thread.
- 2) Peel off the cards of each thread in sequence, and stack them behind its anchor card. This will enable the Report Writer to easily see where each new thread begins (the cards with the dots on them) and construct the "discussion points" accordingly in the report.



Anchor cards and threads from the Open Dialogue.

Recording and Synthesizing the Open Dialogue. After the session, a report writer can use the stacked cards from the Open Dialogue to show the collective thinking of the participants in the dialogue. This should be done in a section of the report called "Open Dialogue" that is distinct from the overall dialogue findings ("Recommendations," "Findings," etc.). The report writer should include a separate heading for each anchor card, and then encapsulate each "thread" as a separate bullet under that heading. In articulating each thread, the report writer should find the best way to integrate all of the thread's cards. This will often involve rearranging the order of the cards within a thread, as the core idea, or "topic sentence" for the thread may not be the first comment to emerge from the dialogue.

- **No boards.** When no adhesive board or index cards are available, the Open Dialogue can be recorded in a more conventional manner, either publicly (on flip charts) or privately (in notes). It will be more difficult to synthesize the participants' contributions with either of these methods.
- **Study circle.** Facilitators may choose to conduct the Open Dialogue in a way that is more intimate and less formatted. One option is to refrain from all recording of comments and have participants sit in one large circle or in small groups at tables and share the thoughts that occur to them based upon the Trigger Information. With this method, the facilitator plays a much less active role, and the only recording that will occur is private note-taking by the Facilitator or a Scribe.
- Small groups. Rather than conduct the Open Dialogue in plenary format, participants can be divided into small groups to share their thoughts about the Trigger Information. This will allow more people to have input into the dialogue; however, it will also prevent participants from hearing what all other participants have to say. If small groups are used, it is advisable to have a note-taker and a table facilitator for each group.

IV. SUMMARY QUESTIONS (15 minutes)

Purpose: 1) Summarize the information participants have received and generated, in a sequence that prepares them to answer the Focus Question.

Strictly speaking, the "Summary Questions" component of the session is not about dialogue. In fact, the Facilitator will encourage participants *not* to respond to the things that other participants say, but rather to share their own short-answer responses to specific questions arranged in a deliberate sequence.

After the break, the **Facilitator** provides the following instruction to the participants:

- In our exploration of what makes a community healthy, we have shared two kinds of information tonight: factual data about our community and the things that contribute to its well-being; and the life experience of all of us who live in the community. We're just about ready to start answering the Focus Question. But before we do that, we want to summarize what we have seen and heard so far.
- This part of the dialogue is actually *not* about dialogue. I'm going to ask you a series of short-answer questions, and rather than respond to the things that other people say, I'd like you to just give your own *short* answers to the question, based you know and what you've learned.
- I want to emphasize that we're looking for short answers here—no need to explain or expound. So if someone else says the answer that you were going to give, there's no need to repeat it.
- I'll read each question, wait for your answers, and after we have a good number of answers I'll move on to the next question.

It is NOT necessary for anyone to "scribe" this portion of the dialogue. Participants should experience as little distraction as possible as they share their responses to the summary questions.

It is helpful (but not mandatory) to have the questions displayed on the screen as they are revealed. The Facilitator reads each question and then waits for participants to respond. With each response, the Facilitator repeats the words of the participant as accurately as possible and paraphrasing when necessary. In repeating and paraphrasing, the Facilitator should reinforce the idea of providing short, succinct answers to the question, not elaborate thoughts or explanations.

The Summary Question Sequence. A basic question sequence is provided below. Teams may want to modify the content of the questions to suit specific dialogues by inserting references to specific issues that your dialogue will focus on, but the sequence of the questions should be basically the same as presented here.

- 1) Thinking over all that you've seen and heard today, what stands out for you are particularly surprising or important?
- 2) What are the things that a person needs to achieve well-being?
- 3) Based on what you've heard today, what gets in the way of people achieving well-being in our community?
- 4) What helps people achieve well-being in our community?
- 5) What bothers you about the way we try to help people improve their lives now?
- 6) If we were to adopt a better approach to helping all people achieve well-being based on what we've shared tonight, what would that look like?

As participants provide answers to each question, the Facilitator repeats or paraphrases the answer, then waits for another participant to speak. There should be no other commentary or questions. After a number of answers have been given to a question, the Facilitator moves on to the next.

Some things to keep in mind while receiving the participants' answers to the Summary Questions:

- Silence is great. Facilitators should resist the urge to provide additional information or prompts when no one is speaking. Think of silence as a sign that participants are seriously considering the best way to answer the question.
- Repeat answers as accurately as you can, but when you sense that the words used by the participant are vague or unclear, feel free to offer a slight paraphrase—making sure that you get verbal or visual approval from the participant that your paraphrase accurately reflects what they meant to say.
- Longer answers should be paraphrased in shorter form, for two reasons: 1) it is difficult to capture long answers accurately, and 2) shortening the answer reinforces the idea that answers are meant to be short. If necessary, reiterate this from time to time: "Remember, we're just looking for short answers that summarize what we know, not elaborate explanations."
- Participants will often begin to answer the next question in a sequence before it has been asked. When this happens, take this as an indication that it is time to move to the next question.
- On occasion you may find that participants have already exhaustively answered the next question in the sequence with their answers to the previous question. If you sense this is the case, feel free to skip the next question.

When the last Summary Question has been answered by several participants, move to the final component by returning to the Focus Question.

V. STRUCTURED EXERCISE TO ANSWER THE FOCUS **QUESTION** (60 minutes)

- Purpose: 1) Elicit and cluster the participants' answers to the Focus Question so that they can be articulated as preliminary recommendations or findings.
 - 2) Identify "catalytic" recommendations or findings: those that, if achieved, would automatically help achieve the other recommendations.

This final step is the "main event" of the dialogue. The participants will now answer the Focus Question, individually and collectively. Their answers will be used as a foundation to direct future actions and strategies to improve community health.

The **Facilitator** begins by showing the Focus Question once again:

"What do we need to do to ensure that all members of our community have the things they need to achieve well-being?"

Step One: Individual Answers. The Facilitator instructs participants to take out a piece of paper (the back of their agenda will do) and quickly write down their best, clearest, most specific, and most concrete answers to the Focus Question. In 3-4 minutes, they should write down as many good answers as they can.

While the participants generate their individually brainstormed lists, the Facilitator mentally divides the participants into groups and distributes packs of blank index cards (3-5) and felt markers (a different colored marker to each small group, if possible).

Step Two: Sharing Answers. Participants will now work in groups. The total number of groups should ideally be between 5 and 10, but it can be even more in the case of large gatherings. The number of people in each group can be as few as 2 or as many as 8.

Once the groups have been formed, the Facilitator tells them they have about 10-15minutes to complete the next part of the exercise. Facilitator gives the following instructions:

- In your group, quickly go around and have each person read their answers aloud.
- Notice common themes or ideas that are present in multiple answers.
- Decide on 3 or 4 answers as a group, and write them on index cards, using the felt marker provided. Instructions for writing answers on cards:
 - o Write as large and legibly as you can
 - o Position the card horizontally, not vertically.
 - O Use at least 4 words to express the answer (more if you like)
 - o Put one answer on each card; don't spill an answer over onto a second card or place two answers on the same card.

Announce to the group when they have 5 minutes remaining, and encourage groups that have not already started writing on their index cards to do so. When all groups have completed the task and/or the time allotted for this part of the exercise has elapsed, move on to the next step.

Step Three: Clustering Answers. The Facilitator now asks for someone to share one of their group's answers to the Focus Question that is *especially clear*. It is important to stress clarity here rather than importance or significance, because you are looking for an answer with which other similar answers can be easily associated. When a volunteer is identified, ask the volunteer to read the answer aloud. Place the index card randomly on the adhesive board and ask all participants if they clearly understand what the answer means. If they do not, ask the participant whose group contributed the answer to clarify its meaning.

The process of clustering answers proceeds as follows:

- Ask all participants if their group produced any card that is *very similar to* or *headed in the same direction* as the one just placed on the board. As these cards are identified, have participants read them aloud, again asking for clarification if the answer's meaning is unclear. Check in with the whole group on whether the newly offered answers are indeed similar to the one already on the board, or whether they seem to be suggesting a new idea. Cluster similar cards together on the board. Those that are not generally agreed to be similar should be held aside for the moment.
- When all of the cards that are similar to the first have been clustered together, ask for another clear answer that is *very different from* the previous ones. Repeat the process, soliciting cards that belong in this new cluster, and always checking in with the participants to make sure that the cluster's core idea is consistent.
- Continue to form clusters in this way until at least 5 clusters have been formed. Continue to form more clusters as long as you can, ensuring that there will be at least fifteen minutes remaining on the clock to talk about the clusters as a whole. If time is running short, gather in all of the remaining cards, read them each aloud and attempt to place them into new or existing clusters on the board.

With 15 minutes remaining, ask participants to give you a simple name or phrase to identify each of the clusters. Do not belabor this process. While it is important to apply accurate names to each cluster, it is not important to be capture detailed information in the cluster's name. Use the following process to complete the exercise:

- Write the cluster name on a colored sheet of paper and affix it to the cluster.
- When all the clusters have been named, tell the participants that they have one more question to answer. As you read through the clusters one last time, ask participants to think about which of them is most *catalytic*. In other words, which cluster, if it were achieved, would *automatically help achieve all of the other clusters as well*.

- As various clusters are "nominated" as catalytic, place a star on the appropriate colored sheet naming it.
- One by one, go through the clusters that were nominated and ask participants to say more about why that cluster is important and *what it would mean to dedicate energy to achieving it*. With a felt maker, make quick notes on the appropriate colored sheet that will help in capturing the thinking of the participants in a report on the session.

When the last catalytic cluster has been addressed, the exercise is completed. The Facilitator should thank the participants for their work, share any "next steps" that need to be communicated, and turn the session over to the Host (if there is one) for any last words of gratitude or encouragement.

- Various ways can be devised to gather in the cards and cluster them if there is adequate time available. One is to have the Facilitator gather all of the cards at once, read them one at a time, and place them on the board, asking the participants to identify pairs of similar cards. When using this method, it is important to only allow pairs to be joined together at first in order for discrete ideas to take shape. After about half of the cards have been placed, larger clusters can be joined together. This approach is preferable to the one presented above, but should not be attempted unless you have 90 minutes to devote to it.
- The clustering exercise has an important visual meaning, in that it allows the participants to see coherent and consistent ideas emerging from the diverse group without any one or two people dominating the process. However, if time is scarce, another option is to gather all of the cards together and do the clustering process afterward, without input from the group. This is definitely an inferior option, because many new insights can be discovered as the participants create and comment on the clusters. It does however provide you a way to ensure that all of the answers are equally incorporated without having to take the time to read each one out loud to the group. This option should only be used when, because of extenuating circumstances, the schedule has become untenably tight.

VI. POST-SESSION REPORT

Soon after the session, the facilitator should write up a report of the Findings or Recommendations that resulted from the final exercise. This should include the discussion points made in the Open Dialogue as well as the Recommendations generated by the final exercise.

Starting with the catalytic clusters, the facilitator should look at each cluster and do the following:

- Write or revise the "tag" line so that it captures the basic idea in the cluster and encompasses all of the cards included in that cluster.
- Compose one sentence that summarizes the cluster's recommendation. Start the sentence with the strongest verb you can that accurately captures the thinking of the group.
- Write a paragraph or two that summarizes the "case" for this recommendation. This should reflect all of the insights that are shown on the cards in the cluster, all of the additional points you wrote on the name card, and possibly some of the related comments that were made in the Open Dialogue.
- If the cards suggest distinct "action steps" that will lead to the achievement of the recommendation, add these as bullet points at the end of the text of the recommendation.

The report should be mailed to all participants, along with a cover letter detailing how the recommendations are going to be used to shape future action and, if appropriate, ways that participants can remain engaged in the process of refining, validating, or implementing the actions generated by the dialogue.