Health for Life

BETTER HEALTH. BETTER HEALTH CARE.

BUILDING COMMUNITY MOMENTUM FOR HEALTH REFORM

A STATE GUIDE FOR COMMUNITY ACTION
S

tate hospital associations have an opportunity to use their strengths to focus attention on the growing health care reform debate. Some are gathering key stakeholders around a common table, others are providing community forums where the frustrations and solutions of health care can be openly discussed, and many are engaging hospital trustees, CEOs, employees and volunteers in local health care reform efforts.

At the same time, the American Hospital Association (AHA) Board of Trustees has introduced at the national level Health for Life: Better Health. Better Health Care. — a framework for health reform in America. The framework is the result of discussions with more than 1,500 hospital leaders from across the country including AHA regional policy boards, governing councils and leaders of all 50 state associations. Also included in the most recent phase of discussions are national leaders from business, insurers, community health, consumer groups, labor and others.

Because many states have indicated interest in developing state initiatives or have adopted pieces of the Health for Life framework, this resource includes lessons we’ve learned and materials we’ve found useful. It is not intended to replace the good work you may have already undertaken, but to complement it and give you a structure for building state consensus around health reform.

Materials in this resource can be used to supplement activities already underway or to ignite a new campaign. One thing is certain; health reform must be a priority for our nation and the candidates who would lead it. Working together, we can drive the discussion and achieve real change.

Thank you for your leadership.
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Also see "A Hospital Guide for Community Action" a resource designed to help hospital CEOs provide community leadership on the important issue of health reform.
IF YOUR STATE *HAS NOT CONSIDERED REFORM*
ENSURE HOSPITAL VIEWS ARE REFLECTED IN STATE HEALTH REFORM DISCUSSIONS

Some states have passed health reform measures and dozens more are debating their own versions. By leading the reform conversation and engaging other stakeholders, hospitals demonstrate their willingness to make changes and improve health care in their state. Being an active part of the conversation also ensures that the hospital voice is heard and can inform the outcome. After completing the checklist below, consider the outlined actions on the next page.

Determine the following:

- Has the governor or a state officer assembled a commission on health reform?
- If yes, are any state hospital association members participating in the commission?
- If no, has the hospital association board identified health reform as a priority?
- Has the hospital association board formed its own task force?
- Does your board meet, regularly or occasionally, with state leaders from government, business, and the community?

The following steps reflect a natural progression based on the process AHA followed with its Health for Life plan. Followed as outlined, you can lead consensus around key elements of health reform starting with membership, and then broadening to include key allies in business and other state leaders. Consider building your activities around the Health For Life framework. Support materials to help you execute these activities are available in the appendix CD-ROM.
**ACTIONS**

**STEP 1**

**Objective:** Better understand the views and values of hospital members around health reform while demonstrating willingness to lead broad consensus that will improve health in your state. Prepare your members to lead the discussion on health reform at the local level.

**Action:** Bring your members into the health reform debate (see Engaging Membership). Review the Health for Life framework. Add or emphasize areas critical in your state. Consider adopting a parallel, state-specific reform framework.

**STEP 2**

**Objective:** Be a catalyst for change at the state level by leading the conversation about health reform with other key stakeholders while fostering new relationships.

**Action:** If no health reform commission exists, create a state reform dialog (see Creating a Reform Dialog).

**STEP 3**

**Objective:** Lead change for the improvement of state health and inform state reform activities.

**Action:** Communicate key reform elements broadly (see Communicating Key Reform Elements).

**Additional considerations**

- Consumer Tracking Surveys
- Editorial Board Visits
- Ads
- Political Polling

**Consumer polling strategies**

The AHA has publicly tested the basic tenets of Health for Life – wellness; efficient, affordable care; quality care; best information; and health coverage for all, paid for by all. Initial polling indicated strong public support for this approach as well a desire to change the current health care system.

Soon, AHA will do an additional round of polling to more specifically understand the public’s willingness for change and personal importance of each Health for Life tenet. Consider conducting a similar poll to better understand local opinions around health reform. For more information on past polling, contact Mark Seklecki, vice president of political affairs at 202-626-2341.

**Editorial board visits**

The AHA, in coordination with select state associations, is working to connect local and national hospital leaders with newspaper editorial writers for an open discussion about the challenges and opportunities health reform presents.

Consider arranging editorial board visit for key association members in your state. For more information, contact Rick Wade, senior vice president for strategic communications at 202-626-4627 or Alicia Mitchell, vice president of media relations at 202-626-2339.
**OBJECTIVE:** Better understand the views and values of hospital members on health reform while demonstrating willingness to lead broad consensus that will improve health in your state.

**OBJECTIVE:** Prepare your members to lead the discussion on health reform at the local level.

**ACTION:** Consider whether you would like to hold a community town-hall style public dialog on health reform involving members and community leaders, whether you would like to engage in more in-depth one-on-one meetings, small focus groups or appoint a task force made up of key members.

Once you determine the approach, use the following questions to promote discussion.*

**PREPARATION**

Consider sharing key *Health for Life* materials (see tools you can use) with participants in advance. The goal is to encourage active participation from members and determine what their views and values are for health reform in your state. Allow two hours.

* The appendix contains a simple PowerPoint presentation built around the Health for Life framework that may be used to present to your membership in a large setting. Also provided is a feedback form so all members have the opportunity to comment. If you take written comments, consider sharing highlights in follow up communications.

Available on the appendix CD-ROM: PowerPoint presentation, framework memo, issue backgrounders, “Ask the Candidate” questions and feedback form.
2 QUESTIONS FOR DISCUSSION

★ What are the real stumbling blocks to reform?
★ Where is the public on this topic?
★ How important is health care reform to you—to the hospital field?
★ What should we—hospitals—be willing to give up in order to make reform happen? What do we need to do to achieve consensus?
★ How do we get folks to come together… how do we get to “yes”?
★ Who are our most powerful partners and allies?
★ How do we put reform on the state legislative agenda? How do we make this a key issue in upcoming elections?
★ How can our state hospital association make a difference? What is our role? What is the best use of our resources?

Ask everyone involved in your discussions to put elected officials on the record. Ask all discussion participants to ask their elected leaders these four questions:

3 QUESTIONS FOR ELECTED LEADERS

1. If elected, what steps would you take to provide health care coverage for all?
2. If elected, what will you do to improve health and health care in America?
3. If elected, how would you work to achieve change in a non-partisan manner?
4. If elected, what will you do to make sure America’s hospitals have the resources to meet their communities’ needs?
OBJECTIVE: Be a catalyst for change at the state level by leading the conversation about health reform with other key stakeholders while fostering new relationships.

ACTION: After introducing hospital members to the key elements of health reform and determining what your membership feels to be essential, broaden the discussion to create consensus among key leaders in your state. The governor or state health department may have created a reform commission. If so, make sure the hospital voice is heard either through a hospital member participating in the commission or via a report of the insights from your member engagement project. If no commission exists, consider creating a state reform dialog.

1 Identify key stakeholders in your community.

Consider heads of business, insurers, members of state legislature, consumer and patient advocacy groups, providers groups (physicians, mid-levels and others) and others. Specific suggestions include:

- **Business**: state chamber of commerce, local business coalitions, and heads of businesses both large and small.
- **Insurers**: include representatives from insurers and other provider groups.
- **Labor**: reach out to labor and other employee-based related groups.
- **Consumer and Patient Advocacy Groups**: state chapter of AARP, churches or religious organizations, Rotary clubs, local chapter, of a disease group, such as the American Diabetes Association, and organizations representing large ethnic or minority populations.
2 STATE REFORM DIALOG

- Invite representatives to participate in the dialog.
- Convene the group for a series of in-person meetings.
- Review goals, ground rules, timeframe and deliverables.
- Consider reviewing the Health for Life reform framework as a basis for discussion.
- Develop consensus around the essential elements of reform and state-level changes needed to create that change.

3 Ask all participants to ask their elected leaders these four questions:

1. If elected, what steps would you take to provide health care coverage for all?
2. If elected, what will you do to improve health and health care in America?
3. If elected, how would you work to achieve change in a non-partisan manner?
4. If elected, what will you do to make sure America’s hospitals have the resources to meet their communities’ needs?

Tools you can use

Available on the appendix CD-ROM: Sample stakeholder invite letter, sample stakeholder questions, framework memo, issue backgrounders and “Ask the Candidate” questions.
OBJECTIVE: Lead change for the improvement of state health and inform state reform activities.

ACTION: Ask hospital association trustees, senior association leaders or those participating in your state reform dialog to conduct one-on-one interviews with five community leaders representing different perspectives for whom health care is a major concern. The appropriate interviewer may change given relationships and personal contacts with the stakeholders. At times, a combination of several interviewers may be best. Allow 30 minutes to an hour for discussion.

ONE-ON-ONE INTERVIEWS

1 PREPARATION

Consider sharing key Health for Life materials (see tools you can use) with participants in advance. Stress that this is not a questionnaire, but ideas to ignite a conversation about health reform (framework memo and PowerPoint presentation available in appendix CD-ROM).

2 MAXIMIZING YOUR EFFORT

Within a few days of your interviews, send a personal letter to the participants thanking them for their time, insights and perspectives. Summarize what you heard and outline any follow-up activities you may be planning (see tools you can use).

Available on the appendix CD-ROM: Framework memo, issue backgrounders, PowerPoint, “Ask the Candidate” questions, sample thank you letters, and interview worksheet.
3 INTERVIEW

Be prepared to sit back and listen while noting interview impressions, implications and possible actions (interview worksheet available in appendix CD-ROM).

STARTER QUESTION:
If you could change one thing about America’s health care system, what would it be? Why?

Ask for reactions to the Health for Life reform framework or the framework developed by your state reform dialog. Use the remaining time to engage the individual in a discussion. Some questions to consider asking as you explore their views:

★ What is your overall impression of the framework?
★ From your perspective, are these the right issues, goals and objectives?
★ Do you think these five pillars are the most important areas of change?
★ What do you like best? What elicits your strongest support?
★ What do you dislike? Or, what makes you most uncomfortable?
★ What changes would you suggest?
★ Do you think this can be achieved politically?
★ Do you have any advice moving forward?

Ask everyone involved in your discussions to put elected officials on the record. Ask all participants to ask their elected leaders these four questions:

1. If elected, what steps would you take to provide health care coverage for all?
2. If elected, what will you do to improve health and health care in America?
3. If elected, how would you work to achieve change in a non-partisan manner?
4. If elected, what will you do to make sure America’s hospitals have the resources to meet their communities’ needs?

4 FOLLOW-UP

Report back key findings and insights to state hospital association leadership, reform commission members, and AHA. Consider packaging highlights from the event for use with policymakers and the public.
## SECTION 1 TASK CHART

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<td>Be a catalyst for change at the state level by leading the conversation about health reform with other key stakeholders while fostering new relationships.</td>
<td>Create State Level Dialog: Identify key stakeholders to participate in state level reform discussion. Convene group in face-to-face meeting and develop consensus around essential elements of reform and changes needed to achieve reform.</td>
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<td>Lead change for the improvement of state health and inform state reform activities.</td>
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<td>Encourage all discussion participants to press their elected leaders for action.</td>
<td>Share the “Ask the Candidate” questions with everyone who participates in your reform discussions.</td>
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IF YOUR STATE *IS CONSIDERING REFORM*
LEAD AND MAKE CHANGES FOR THE IMPROVEMENT OF STATE HEALTH

As lawmakers consider state health reform, it’s essential they recognize the impact that policy decisions will have not only on health delivery but also on the countless individuals who rely on hospitals in your state. Being a catalyst for common-sense change by partnering with other stakeholders to build both power and commitment to health reform can go a long way to ensure the hospital voice is heard in your state’s debate.

Determine the following:

☐ Has the governor or state officer assembled a commission on health reform?
☐ If yes, are any state hospital association members participating in the commission?
☐ If no, has the hospital association board identified health reform as a priority?
☐ Has the hospital association reached out to other groups with a strong interest in health care to talk about health reform?
☐ Has the hospital association identified key health reform areas on which the membership agrees?
☐ Does the hospital association have a strategy in place to engage members on health reform during the legislative session?

The following steps reflect a natural progression based on the process AHA followed with its Health for Life plan. Followed as outlined, you can lead consensus around key elements of health reform starting with membership, and then broadening to include key allies in business and other state leaders. Consider building your activities around the Health For Life framework. Support materials to help you execute these activities are available in the appendix CD-ROM.
**ACTIONS**

**STEP 1**

**Objective:** Identify key elements of reform and demonstrate willingness to change in order to achieve health reform.

**Action:** Understand views and values of members around health reform to quickly find consensus (see Developing Member Consensus).

**STEP 2**

**Objective:** Be a catalyst for change by leading the conversation about health reform with other key stakeholders while fostering new relationships.

**Action:** If no health reform commission exists, create a state reform dialog (see Developing Broad Consensus through Reform Dialog).

**STEP 3**

**Objective:** Lead change for the improvement of state health and inform state reform activities.

**Action:** Effectively report your results (see Communicating Key Reform Elements).

**Additional considerations**

- Consumer Tracking Surveys
- Editorial Board Visits
- Ads
- Political Polling

**Consumer polling strategies**

The AHA has publicly tested the basic tenets of *Health for Life*—wellness; efficient, affordable care; quality care; best information; and health coverage for all, paid for by all. Initial polling indicated strong public support for this approach as well a desire to change the current health care system.

Soon, AHA will do an additional round of polling to more specifically understand the public’s willingness for change and personal importance of each *Health for Life* tenet. Consider conducting a similar poll to better understand local opinions around health reform. For more information on past polling, contact Mark Seklecki, vice president of political affairs at 202-626-2341.

**Editorial board visits**

The AHA, in coordination with select state associations, is working to connect local and national hospital leaders with newspaper editorial writers for an open discussion about the challenges and opportunities health reform presents.

Consider arranging editorial board visit for key association members in your state. For more information, contact Rick Wade, senior vice president for strategic communications at 202-626-4627 or Alicia Mitchell, vice president of media relations at 202-626-2339.
OBJECTIVE: Identify key elements of reform and demonstrate willingness to change in order to achieve health reform.

ACTION: Determine whether you would like to hold a large, town hall-style public dialog on health reform involving members at an annual meeting, whether you would like to engage in more in-depth one-on-one meetings, small focus groups or appoint a task force made up of key members.

**Once you establish a preferred approach, use the following questions to promote discussion.*

1 PREPARATION

Consider sharing key Health for Life materials (see tools you can use) with participants in advance. The goal is to encourage active participation from members and determine what their views and values are for health reform in your state. Allow two hours.

* The appendix contains a simple PowerPoint presentation built around the Health for Life framework that may be used to present to your membership in a large setting. Also provided is a feedback form so all members have the opportunity to comment. If you take written comments, consider sharing highlights in follow up communications.
2 QUESTIONS FOR DISCUSSION

★ What are the real stumbling blocks to reform?
★ Where is the public on this topic?
★ How important is health care reform to you—to the hospital field?
★ What should we—hospitals—be willing to give up in order to make reform happen? What do we need to do to achieve consensus?
★ What should other stakeholders be willing to give up?
★ How do we get folks to come together...how do we get to “yes”?
★ Who are our most powerful partners and allies?
★ How do we put reform on the state legislative agenda? How do we make this a key issue in upcoming elections?
★ How can our state hospital association make a difference? What is our role? What is the best use of our resources?

Ask everyone involved in your discussions to put elected officials on the record. Ask all discussion participants to ask their elected leaders these four questions:

3 QUESTIONS FOR ELECTED LEADERS

1. If elected, what steps would you take to provide health care coverage for all?
2. If elected, what will you do to improve health and health care in America?
3. If elected, how would you work to achieve change in a non-partisan manner?
4. If elected, what will you do to make sure America’s hospitals have the resources to meet their communities’ needs?
OBJECTIVE: Be a catalyst for change by leading the conversation about health reform with other key stakeholders while fostering new relationships.

ACTION: After introducing hospital members to the key elements of health reform and determining what your membership feels to be essential, broaden the discussion to create consensus among key leaders in your state. The governor or state health department may have created a reform commission. If so, make sure the hospital voice is heard either through a hospital member participating in the commission or via a report of your member engagement project. If no commission exists, and time is tight, bring together key stakeholders and facilitate discussion about health reform, your state, and what elements of reform are important.

Identify key stakeholders in your community.

Consider heads of business, insurers, members of state legislature, consumer and patient advocacy groups, providers groups (physicians, mid-levels and others) and others. Specific suggestions include:

- **Business:** state chamber of commerce, heads of banks or businesses
- **Insurers:** include representatives from insurers and other providers.
- **Labor:** reach out to labor and other employee-based related group groups.
- **Consumer and Patient Advocacy Groups:** state chapter of AARP, churches or religious organizations, Rotary clubs, local chapters of a disease group, such as the American Diabetes Association, and organizations representing large ethnic or minority populations.
STATE REFORM DIALOG

★ Decide on the appropriate forum
Consider whether you would like to hold a large, roundtable or town hall style public dialog on health reform involving many stakeholders at once, whether you would like to engage in more in-depth, one-on-one meetings, or small focus groups.

NOTE: You may wish to start with one-on-one meetings and then pull a larger group together once you have a better idea of the interest and issues of others.

★ Roundtable
Determine who will facilitate the discussion and how you will structure the time in such a way that everyone’s viewpoints and values may be heard. There are many ways to conduct a large-scale meeting. Some common formats to consider:

» Facilitator (outside or state hospital association leadership)
  introduces the Health for Life reform framework and moderates asking key questions and allowing all participants an opportunity to weigh in (stakeholder questions available in appendix CD-ROM).

» Small panel of involved state leaders briefly discuss health reform then a facilitator moderates a question and answer session.

Consider packaging highlights from the event for use with policy-makers and the public.

tools you can use
Available on the appendix CD-ROM:
PowerPoint presentation, framework memo, issue backgrounders, “Ask the Candidate” questions and sample thank you letters.
ONE-ON-ONE INTERVIEWS/FOCUS GROUPS

Determine who should conduct the interviews—consider hospital association trustees, senior association leaders or a combination. The appropriate interviewer may change given relationships and personal contacts with the stakeholders. At times, a combination of several interviewers may be best. For focus groups, limit group size to five. For one-on-one interviews, allow 30 minutes to an hour. For focus groups allow at least an hour for discussion.

1 PREPARATION

Consider sharing key Health for Life materials (see tools you can use) with participants in advance. Stress that this is not a questionnaire, but ideas to ignite a conversation about health reform (framework memo and PowerPoint presentation available in appendix CD-ROM).

2 MAXIMIZING YOUR EFFORT

Within a few days of your interviews, send a personal letter to the participants thanking them for their time, insights and perspectives. Summarize what you heard and outline any follow-up activities you may be planning (see tools you can use).
3 INTERVIEW

Be prepared to sit back and listen while noting interview impressions, implications and possible actions (*interview worksheet available in appendix CD-ROM*).

**STARTER QUESTION:**
*If you could change one thing about America’s health care system, what would it be? Why?*

Ask for reactions to *Health for Life* reform framework or the framework developed by your state reform dialog. Use the remaining time to engage the individual in a discussion. Some questions to consider asking as you explore their views:

- What is your overall impression of the framework?
- From your perspective, are these the right issues, goals and objectives?
- Do you think these five pillars are the most important areas of change?
- What do you like best? What elicits your strongest support?
- What do you dislike? Or, what makes you most uncomfortable?
- What changes would you suggest?
- Do you think this can be achieved politically?
- Do you have any advice moving forward?

Ask everyone involved in your discussions to put elected officials on the record. Ask all participants to ask their elected leaders these four questions:

1. If elected, what steps would you take to provide health care coverage for all?
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3. If elected, how would you work to achieve change in a non-partisan manner?
4. If elected, what will you do to make sure America’s hospitals have the resources to meet their communities’ needs?

4 FOLLOW-UP

Report back key findings and insights to state hospital association leadership, others involved in state reform dialog, and AHA. Consider packaging highlights from the event for use with policymakers and the public.
**OBJECTIVE:** Lead change for the improvement of state health and inform state reform activities.

**ACTION:** Ask hospital association trustees, senior association leaders or those participating in state reform dialog to conduct one-on-one interviews with five community leaders representing different perspectives for whom health care is a major concern. The appropriate interviewer may change given relationships and personal contacts with the stakeholders. At times, a combination of several interviewers may be best. Allow at least an hour for discussion.

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1. **PREPARATION**

Consider sharing key *Health for Life* materials (*see tools you can use*) with participants in advance. Stress that this is not a questionnaire, but ideas to ignite a conversation about health reform (*framework memo available in appendix CD-ROM*).

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2. **MAXIMIZING YOUR EFFORT**

Within a few days of your interviews, send a personal letter to the participants thanking them for their time, insights and perspectives. Summarize what you heard and outline any follow-up activities you may be planning (*see tools you can use*).

---

**Tools you can use**

Available on the appendix CD-ROM:
- Framework memo, issue backgrounders,
- PowerPoint, “Ask the Candidate” questions,
- sample thank you letters, and
- interview worksheet.
3 **INTERVIEW**

Be prepared to sit back and listen while noting interview impressions, implications and possible actions *(interview worksheet available in appendix CD-ROM).*

**STARTER QUESTION:**
If you could change one thing about America’s health care system, what would it be? Why?

Ask for reactions to Health for Life reform framework or the framework developed by your state reform dialog. Use the remaining time to engage the individual in a discussion. Some questions to consider asking as you explore their views:

- What is your overall impression of the framework?
- From your perspective, are these the right issues, goals and objectives?
- Do you think these five pillars are the most important areas of change?
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3. If elected, how would you work to achieve change in a non-partisan manner?
4. If elected, what will you do to make sure America’s hospitals have the resources to meet their communities’ needs?

4 **FOLLOW-UP**

Report back key findings and insights to state hospital association leadership, others involved in state reform dialog, and AHA.
### SECTION 2 TASK CHART

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IF YOUR STATE IS IMPLEMENTING REFORM
BETTER UNDERSTAND VIEWS AND VALUES OF MEMBER HOSPITALS RELATED TO IMPLEMENTATION OF STATE HEALTH REFORM TO DETERMINE APPROPRIATE HOSPITAL SUPPORT AND FUTURE REFORM COMMUNICATIONS WITH THE PUBLIC

Each state is unique and varying factors will dictate diverse approaches as well as varying definitions of health reform. Regardless of the methods, hospitals have the opportunity to demonstrate their commitment to health improvement through reform. As leaders during health reform debates, both policymakers and the public recognize the value hospitals provide. During transitions to implementation, be certain hospital members are confident in what health reform means for them. Foster existing partnerships with other fields to demonstrate to the public the leadership role hospitals can provide.

Determine the following:

- Has the governor or state officer assembled a commission on health reform implementation? If yes, are any state hospital association members participating in the commission?
- Does the hospital association have a strategy for communicating with members on what health reform means for them?
- Does the hospital association, perhaps in partnership with other organizations, have a strategy for communicating with the public about health reform implications?
**ACTIONS**

**STEP 1**

**Objective:** Understand hospital member perceptions on health reform laws and implications on the way they deliver care. Work to share the hospital message with other stakeholders so that the hospital voice is understood as implementation begins.

**Action:** Hold small stakeholder meetings to better understand the views and values of your members around implementation of health reform (see Understanding Reform Implications).

**STEP 2**

**Objective:** Demonstrate to the public that hospitals are committed to bettering the health of the state, a part of which is understanding what the public thinks about reform and how it affects their relationship with hospitals.

**Action:** Hold small stakeholder meetings to better understand the public’s concern over health reform. Communicate results to your membership (see Communicating Value to the Public).

**STEP 3**

**Objective:** Ensure hospital association involvement in state reform activities.

**Action:** Consider consumer tracking surveys, political polling, ads or editorial board visits with key newspapers.

**Consumer polling strategies**

The AHA has publicly tested the basic tenets of Health for Life – wellness; efficient, affordable care; quality care; best information; and health coverage for all, paid for by all. Initial polling indicated strong public support for this approach as well a desire to change the current health care system.

Soon, AHA will do an additional round of polling to more specifically understand the public’s willingness for change and personal importance of each Health for Life tenet. Consider conducting a similar poll to better understand local opinions around health reform. For more information on past polling, contact Mark Seklecki, vice president of political affairs at 202-626-2341.

**Editorial board visits**

The AHA, in coordination with select state associations, is working to connect local and national hospital leaders with newspaper editorial writers for an open discussion about the challenges and opportunities health reform presents.

Consider arranging editorial board visit for key association members in your state. For more information, contact Rick Wade, senior vice president for strategic communications at 202-626-4627 or Alicia Mitchell, vice president of media relations at 202-626-2339.
OBJECTIVE: Understand hospital member perceptions on health reform laws and implications on the way they deliver care. Work to share the hospital message with other stakeholders so that the hospital voice is understood as implementation begins.

ACTION: Determine whether you would like to hold a large, town hall style public dialog on health reform involving hospital members at an annual meeting, whether you would like to engage in more in-depth one-on-one meetings, small focus groups or appoint a task force made up of key members.

Once you establish a preferred approach, use the following questions to promote discussion.*

1 PREPARATION

Share a summary of reform laws and the Health for Life framework (see tools you can use). The goal is to encourage active participation from members to determine what their views and values are for implementing health reform in your state.

tools you can use

Available on the appendix CD-ROM: Feedback form (requires adapting), issue backgrounders and “Ask the Candidate” questions.

* Note: Consider using a feedback form so all hospital members have the opportunity to comment. If you take written comments, consider sharing comments from members in follow up communications.
2 QUESTIONS FOR DISCUSSION

- Does the package align with our reform values and goals? (Consider using *Health for Life* as the framework for reform goals.)
- What are the challenges to implementing the health reform package?
- How will the package affect our patients? Our employees? Our organizations?
- What should we—hospitals—be willing to give up so the implementation can work? To what groups should we reach out to demonstrate a unified front and commitment to making this work? What should other stakeholders be willing to give up?
- How can we begin communicating with the public so they understand what reform changes mean for them? How do we assure them and frame the discussion using the view and voice of our patients? What is the best use of our resources?

Ask everyone involved in your discussions to put elected officials on the record. Ask all discussion participants to ask their elected leaders these four questions:

3 QUESTIONS FOR ELECTED LEADERS

1. If elected, what steps would you take to provide health care coverage for all?
2. If elected, what will you do to improve health and health care in America?
3. If elected, how would you work to achieve change in a non-partisan manner?
4. If elected, what will you do to make sure America’s hospitals have the resources to meet their communities’ needs?
COMMUNICATING VALUE TO THE PUBLIC

OBJECTIVE: Demonstrate to the public that hospitals are committed to bettering the health of the state, a part of which is understanding what the public thinks about reform and how it affects their relationship with hospitals.

ACTION: When the public is concerned about health care, the need for a community to have a sense of trust, ownership and accountability in their hospitals is paramount. The discussions encouraged in this section are aimed at bringing some of these perceptions to the surface.

Consider conducting one-on-one interviews or small focus groups with organizations attuned to consumers and the community at large for whom health care is a major concern. Examples: a senior citizens’ group, organizations representing large ethnic or minority populations, the pastor of a large church and community advocates.

ONE-ON-ONE INTERVIEWS/FOCUS GROUPS

Determine who should conduct the interviews—consider hospital association trustees, senior association leaders or a combination. The appropriate interviewer may change given relationships and personal contacts with the stakeholders. At times, a combination of several participants may be best. For focus groups, limit group size to five. For one-on-one interviews, allow 30 minutes to an hour. For focus groups allow at least an hour for discussion.

1 PREPARATION

Share a summary of reform laws and the Health for Life framework (see tools you can use) with participants in advance. Stress that these are ideas to ignite a conversation about health reform. Remind participants that hospitals are interested in helping individuals and families, which is the reason for better understanding how the public perceives health reform.

Available on the appendix CD-ROM: Framework memo, sample thank you letters, interview worksheet and "Ask the Candidate" questions.
2 MAXIMIZING YOUR EFFORT

Within a few days of your interviews, send a personal letter to the participants thanking them for their time, insights and perspectives. Summarize what you heard and outline any follow-up activities you may be planning (see tools you can use).

3 INTERVIEW

Be prepared to sit back and listen while noting interview impressions, implications and possible actions (interview worksheet available in appendix CD-ROM).

QUESTIONS:
★ What is your overall impression of our state’s health reform plan?
★ From your perspective, are these the right issues, goals and objectives?
★ What do you like best? What elicits your strongest support?
★ What do you dislike? Or, what makes you most uncomfortable?
★ How do you think this reform package will affect you? Your family?

Ask everyone involved in your discussions to put elected officials on the record. Ask all participants to ask their elected leaders these four questions:
1. If elected, what steps would you take to provide health care coverage for all?
2. If elected, what will you do to improve health and health care in America?
3. If elected, how would you work to achieve change in a non-partisan manner?
4. If elected, what will you do to make sure America’s hospitals have the resources to meet their communities’ needs?

4 FOLLOW-UP

Report back key findings and insights to state hospital association leadership and hospital members. Consider packaging highlights from the sessions for use with policymakers and the public.
## SECTION 3 TASK CHART

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<th>OBJECTIVE</th>
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<td>Encourage all discussion participants to press their elected leaders for</td>
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STATE HOSPITAL ASSOCIATIONS IN ACTION
Q&A

with Steven Summer,
President and CEO of the Colorado Hospital Association

★ What prompted CHA’s involvement in health reform?

In 2006, the Colorado legislative session created the Blue Ribbon Commission for Health Reform, also known as the 208 Commission. There originally were 24 commissioners, which was ultimately expanded to 27. I was appointed to serve as a member of the Commission. It was perfect timing for me. I had just joined the CHA staff and was able to bring my previous experiences to the Commission as someone that had worked in other states.

Colorado hospitals’ continuing concern for the growing number of uninsured in our state as well as low payments, eligibility and benefits in the Medicaid program also factored into CHA’s support for health care reform.

★ Are you working toward a specific deadline or outcome?

After 14 months of deliberations, the 208 Commission completed its report January 10, 2008, and officially presented it to the legislature and governor January 31.

The commission has proposed a staged approach, outlining a series of steps to be taken over an as of yet undefined period of time. The report defines a vision and direction for health reform and recommends incremental steps to get there recognizing that any new funding will be limited.

More specifically, the 208 Commission is recommending Colorado start with expanding Medicaid and SCHIP, with a focus on covering children. The intent is to grow what we can grow easily through pre-existing programs, while continuing to work on a variety of other issues like cost containment and administrative simplification.

★ What advice would you give to others who are working to balance the varying demands and elements of health reform?

As a trade association, our challenge is to define actions hospitals can voluntarily take on their own, independent of legislation. It’s easy to come to the table with advice as to what others should do—states should do x,
employers should do y, individuals should do z. But it’s harder, yet necessary, to put a mirror in front of yourself and identify ways you can improve —be more efficient, be more effective, make health care more affordable. That is not a conversation most CEOs want to have. But to be credible, it’s something we have to come to the table ready and prepared to do.

We need to separate our messages from those of the political leadership. It is their message to promote coverage and access to all. It is our message to bring focus to our role and our contributions to making meaningful changes.

Part of that is we need to demonstrate that we’re changing our behavior to support health reform initiatives. Hospitals have a responsibility to accept the notion that we have to provide safe, quality care and efficient, effective facilities. And recognize that health reform doesn’t necessarily mean higher payments.

At the same time, we must recognize that government has a role. They are responsible for paying adequately for what they purchase. They have a responsibility to have policies in place that set standards for billing, IT and care guidelines. I also feel the government should require everyone to be covered…putting in place an individual enforceable mandate. We must elect leaders with the political will to do right thing.

Finally, strong hospital leadership is absolutely needed. If we’re confused, imagine what the public must feel. The public needs to have confidence in its leaders. We can’t expect the public to accept a solution if we don’t give sound reasons they should have confidence in us as leaders. If hospitals, the physician community, other health care providers and political leaders are disagreeing, fighting among themselves, how can we expect the public to trust us in making these decisions?

To instill confidence, leadership must communicate a message of patience to the public. Health reform is not a quick fix but we do have the best interests of the Coloradans in mind. We don’t have a perfect answer but we’re going in the right direction.

“It is harder, yet necessary, to put a mirror in front of yourself and identify ways you can improve… but to be credible, it’s something we have to come to the table ready and prepared to do.”
Q&A

with John Matessino,
President and CEO of Louisiana Hospital Association

What prompted LHA’s involvement in health reform?

We’ve had a unique charity hospital system throughout our state since the 1940s to take care of the uninsured. It has become very expensive to operate, and several of the facilities are seriously aging. In Louisiana, we do receive a large amount of DSH dollars, the majority of which goes towards the charity hospital system.

Louisiana State University runs these hospitals as facilities for taking care of the uninsured and poor, as well as training medical students. Those two missions don’t always work perfectly together.

Before Katrina, the LSU medical school in New Orleans was having difficulty. Then, Hurricane Katrina hit the state, and the health care delivery system in New Orleans and the whole Southeast region was critically damaged. We lost many of our health care facilities, either temporarily or permanently, health care professionals, and businesses that provided health insurance to their employees. Our uninsured population grew rapidly in a short time and scattered.

Katrina gave us an opportunity, almost a clean slate, to think about and do things differently. There were at least a dozen groups with ideas of how health reform should happen. We all agreed that the health care delivery system was disjointed and severely damaged in the hurricane-affected area from primary care on up. A few months after the storm, Secretary Leavitt came down and encouraged these groups to work together in a collaborative spirit.

The legislature established the Louisiana Recovery Authority and created a health care task force. This later was taken over by the secretary of our Department of Health and Hospitals, and this group met many hours week after week. Unfortunately, when the report came out, it failed to address all of the issues. Some good things—a quality forum, health IT initiative—did get included, and there is currently movement on these.

Many involved in the task force were frustrated recognizing we had the opportunity to make some real change. We were not content to sit by and let nothing happen. Hospitals, insurers, business, industry, physicians—all of us around the table—established a new organization, and we looked at
what could be done with the resources we did have. Our coalition focused on establishing increased coverage so dollars cover more people and providing primary care rather than pay institutions to give people primary care in their emergency departments.

Our coalition became the Coalition of Leaders for Louisiana Health Care (COLLAH). We recently released a report that outlined the strategy and which we hope will be the basis of a pilot project.

We now have a new governor who understands health care and wants health reform.

The COLLAH plan is a virtual next step to a proposal state business leaders have created through Blueprint Louisiana, which is gathering support statewide. The stars are aligned. I feel pretty confident that there will be some change.

What advice would you give to others working to balance health reform coalitions as well as their own membership?

After hurricanes Katrina and Rita, the whole state was geared around recovery, but as our Southeastern hospitals began reopening, we saw nurses and allied health professionals taking jobs with higher pay in different areas of the state. There is not enough workforce to go around. At the same time, the new Medicare wage index hit. In many circumstances hospitals outside the dedicated area were getting more money than hospitals inside – and everybody needed it. LHA intervened and worked with the state and CMS to address everyone’s concern as best we could.

We were successful in also creating an uninsured pool from which they all benefit. We proudly say hospitals have received a good return on their investment in the association.

As an association, we don’t want to be leading the health reform pack alone. Working collaboratively with other health care organizations and those outside of health care such as business and industry of our state has been a good strategy.

If we can influence health reform, get our fingerprints on what happens, then I count that as a successful endeavor.

“If we can influence health reform, get our fingerprints on what happens, then I count that as a successful endeavor.”
CASE EXAMPLE: MASSACHUSETTS

Q&A with Lynn Nicholas,
President and CEO of Massachusetts Hospital Association

★ What prompted MHA’s involvement in health reform?

I believe there must be a tipping point or a near crisis to make people invested in as dramatic a change as what Massachusetts did. It takes a great amount of resolve from both association membership, government and other stakeholders.

The Massachusetts tipping point came about through a convergence of issues: growing number of uninsured; the expiration of a federal waiver; a failing safety net funding mechanism; advancements and retreats in Medicaid expansion; a widening gap in Medicaid provider reimbursement; an inspired legislative leadership; and ultimately a governor looking to make a mark on the national landscape. There was a strong desire to do something real and significant.

The commitment to change was broad based—business community, providers, physicians, institutional providers, insurers, government—we all realized something needed to be done. This effort was not driven by hospitals alone. Had it been, it wouldn’t have worked. You must have broad support.

★ How did you involve your membership in the process?

Our advocacy in getting the law passed was multi-pronged, with MHA staff sitting at several different tables to provide ideas, maximum leverage, and mobilizing our membership to advocate for the greater good as well as the direct interests of hospitals.

Our membership launched a massive enrollment effort once the law was passed—implementation is always key to a law’s success. To help, MHA produced collateral materials translated into 13 languages.

Every hospital found a way to connect with their community. It took different shapes across the state. That said, there are pockets in the state that didn’t have the same level of enrollment success. It is very difficult to get absolute coverage and Massachusetts reform was not expected to cover everyone. That is why it is important to maintain a safety net.
Also key to health reform success was our ability as an association to move quickly. MHA created a CEO Design Team comprised of a group of diverse and respected CEOs who advised us on emerging issues as the process moved along. We kept our board informed throughout—but this flexible member structure allowed us to avoid being tied to scheduled board meetings.

What advice would you give to others who are working to balance the varying demands and elements of health reform?

In implementing health reform, side agendas become even more important drivers regarding the success or failure of the big picture.

There’s a real cry about affordability from the public, policy makers and employers. And hospitals worry about adequate payment. Feeding that are several issues; workforce as a driver of cost and all that’s associated with it—workforce shortages, the cost of labor and competition for people; costs associated with the bureaucracy of getting paid for what we do; and the high cost of treating those with chronic disease.

Another challenge in the success of health reform is the inadequacy of primary care providers. We’ve increased the number of people covered but there’s not enough capacity for primary care in some areas.

Important to the health reform debate is personal responsibility. Massachusetts has a personal mandate which is a critical piece to its success. I can’t imagine it working anywhere without that. As media stories highlight people who can’t afford coverage, there has to be political resolve to keep the mandate in place. There is a range of subsidized programs to help those who can’t afford private health insurance. People who drive are required to have auto insurance. If they have a home, they must have home insurance. There is a responsibility to have health insurance and a responsibility to pay for it.

“This effort was not driven by hospitals alone. Had it been, it wouldn’t have worked. You must have broad support.”
CASE EXAMPLE: VERMONT

Q&A

with Bea Grause,
President and Chief Executive Officer of Vermont Association of Hospitals and Health Systems

What prompted VAHHS’s involvement in health reform?
We are a small, rural state and affordability of health insurance is a top concern.

To slow the growth of health care costs and improve care for those using health care the most, VAHHS started working with the state to redesign care of patients with chronic illness. That initiative is now in its fourth year. There are some good changes but it’s still in the pilot phase. We haven’t made permanent or sustainable improvements largely due to the challenge of improving payment reform.

Payment reform is the glue that will make change real and tangible. Bringing Medicare to the table is something we have not been able to do and that is needed to achieve permanent success.

In Vermont’s Blueprint for Health, we’re doing what we can without Medicare. Using diabetes, our state is looking at treatment that needs to happen and how plans and Medicaid pay for that treatment making sure that the incentives are where they should be. In addition, Vermont insurance plans and Medicaid are co-funding local community care coordinators to better help diabetes patients coordinate care and live healthier.

Similarly, through an IT pilot, physicians are using electronic medical records creating communication from the hospitals back to the physician to better manage diabetes for our population.

For a small state we’re making good strides and figuring it out at the ground level but Medicare is the 800-pound gorilla. Our hope is that eventually Medicare is dovetailed in. A strategy through our Blueprint for Health is to make a good case for payment reform and get Medicare to budget a demonstration project.

“Payment reform is the glue that will make change real and tangible.”
What advice would you give to others who are working to balance the varying demands and elements of health reform?

1. Take a really hard look at hospitals’ soft white underbelly. Our most vulnerable issue is containing costs. Our members are absorbing primary care, physician practice, workforce shortage costs, high energy costs, high malpractice costs as well as the fallout from MS-DRGs just like everybody else. But when you compare us to other providers—home health for example—we look like outliers.

   We can explain where the money goes but the reality is that the public sees new buildings and hears we have $10 million or $100 million in cash reserves—the anger and frustration is palpable.

   There’s an expectation that hospital leaders, those who best know how the health system works, should have answers. Associations must figure out new ways hospitals can demonstrate they are being creative at cost cutting.

   The government is not wiling or able to raise taxes, business can’t continue to finance what the government is not willing to finance—we’re close to a tipping point in health care. Legislators don’t want to say what hospitals should give up nor do state regulators but they are on the edge of forcing hospitals to decide, and say publicly, what they won’t provide.

2. Think about creating a public conversation that would educate the public on hospitals’ challenges. There is no clear pathway to saving money quickly. Vermont’s efforts around chronic care costs money in the short term and our return on investment, in hard dollars, is unclear. Having the public better understand community health challenges could help foster needed leadership at the federal level.

“Associations must figure out new ways hospitals can demonstrate they are being creative at cost cutting.”
**CASE EXAMPLE: VIRGINIA**

**Q&A**

with Larry Sartoris,  
*President of Virginia Hospital & Healthcare Association*

★ What prompted VHHA's involvement in health reform?

We’ve been on the road to health reform in one way or another for a long time. And always with the vision of things we should be doing to improve the lives of people in our communities. Healthy Virginia is the most recent iteration of what we’ve been doing for almost 20 years. What’s different for 2007 and 2008 are two things.

One, we tried in terms of format to adopt something closer to the AHA's reform framework. We basically fit our principles and strategies into the same buckets AHA is using – quality, access, workforce, etc. While it looks more like AHAs framework, it definitely differs in several ways. We had to find a reform plan that fits with the culture of Virginia.

And two, we added measurable outcomes where we could make improvements. Really looking toward the next two to three years, things members can do now and in collaboration with others in their community.

Everybody is for reform and wants to suggest some massive change, often without defining that change. And the public is divided over what they want—a major shift in the current health care system or an evolutionary change. What we have is far more evolutionary than revolutionary and that's by design.

There’s often a desire to have a big bang solution. An “a”, “b” and “c “and you’ve fixed health care but that’s just not out there.

“*There’s often desire to have a big bang solution... but that’s just not out there.*”
What advice would you give to others who are working to balance the varying demand and elements of health reform?

If other states wanted to adopt a Virginia approach, they’d create a state specific framework. That may differ from the AHA’s and other states. That’s not bad—it’s a big country. We’re not ready for a Massachusetts plan in Virginia.

I’d also recommend starting with a big picture and coming back to what’s doable near term. Our board looked at what we could do ourselves and health care acquired infections heads up that list.

If members make significant improvements to reduce health care acquired infections that’s not just an inpatient phenomenon. That will spread through an entire hospital or health system ultimately improving quality and safety wherever care is provided.

As for execution outside of a hospital or health system, we will work in a coalition manner that involves all stakeholders—e.g., include third party payers to reduce administrative costs of health care. We are broadly disseminating our framework with different stakeholder groups.

You have to ask yourself, “How do we collaborate statewide, community-wide?” Particularly with the business community, we found that to get them engaged we needed to identify important health areas that have community-wide impact. If employers costs are driven by chronic disease, how can we improve care across the community? From a business standpoint, if you improve the health status of people who work for you, you have happier, healthier employees and save money on health costs.

There are so many ways to begin improving health care, we’ve barely begun to explore them.

“There are so many ways to begin improving health care, we’ve barely begun to explore them.”