

# Ensuring Access in Vulnerable Communities

*Community Conversations Toolkit*



# Introduction

As the hospital field engages in its most significant transformation to date, community partnerships will be more important than ever to ensure your hospital and health system are utilizing limited resources to best meet the health needs of individuals in your community. The American Hospital Association (AHA) is committed to assisting you as you educate and partner with stakeholders to ensure access to high-quality, coordinated health care services.

Accordingly, this community conversations toolkit is designed to help you begin to engage in discussions related to the health care services offered in your community. This toolkit provides ways in which you can broadly engage your community through community conversations events, social media and use of the community health assessment. It also provides ways in which to focus your engagement on specific stakeholders – including patients, your board and clinicians.

## Broad Community Engagement:

- Community Conversation Events
- Community Health Assessment
- Social Media

## Specific Stakeholder Engagement:

- Patients
- Trustees
- Clinicians

# Background

Millions of Americans living in vulnerable rural and urban communities depend upon their hospital as an important, and often only, source of care. However, these communities and their hospitals face many challenges, and some communities may be at risk for losing access to health care services. Health care providers must work together to support the preservation of these essential health care services for all Americans.

Recognizing this, the AHA Board of Trustees created a task force to examine ways in which hospitals and health systems can help ensure access to primary care, emergency departments, psychiatric and substance use treatment services, prenatal care and more essential services in vulnerable communities. The task force considered a number of integrated, comprehensive strategies to reform health care delivery and payment. Their [report](#) presents nine options communities may select based on their unique needs, support structures and preferences.<sup>1</sup> While the task force's focus was on vulnerable communities, these strategies may have broader applicability for all communities as hospitals and health systems redefine how they provide better, more integrated care.

In the process of completing its work, the task force held listening sessions with hospital leaders around the country. One recurring theme was that transformation will require participation from more than just the hospital or health system. As you begin to consider the emerging strategies included in the task force report, it is critical for you to engage with individuals from the community and work collaboratively to identify the needs most important to your community. This engagement will allow hospitals and health systems to have a clearer understanding of the community, its health issues, the root causes of those issues and the availability of resources and assets to address them. It also will strengthen bonds between the hospital and community – allowing for increased collaboration and a greater sense of buy-in and shared ownership. This community-wide approach has the potential to help ensure access to health care services and to improve the health of a population.

## Emerging Strategies

The task force recommended these nine strategies to ensure access to essential health care services:

- Virtual care strategies
- Social determinants of health
- Inpatient/Outpatient transformation
- Urgent care center
- Rural hospital-health clinic
- Emergency medical center
- Global budgets
- Frontier health system
- Indian Health Services

# Broad Community Engagement

## *Community Conversation Events*

Relationship building and open communication will be vital as you consider the strategies included in the task force report. While steps to guide hospitals and health systems in hosting a community conversation event are included below, we first encourage you to consider your organization's goals for such an event, what "type" of group you would like to convene and topics you would like to discuss. For example, you could discuss transformation generally, a specific strategy, or host ongoing listening, learning and partnership events with a wide variety of community stakeholders.

The purpose of a community conversation event is to convene community stakeholders – health care and non-health care – to initiate a dialogue about the changing health care environment and the transformation that may be necessary to ensure access to health care for the community.

### Objectives

The objectives of any given community conversation will vary, but could include the following:

- Engage in a robust discussion on emerging health care trends;
- Gain a shared understanding of changing community health needs;
- Identify social determinants of health that impact health outcomes of the community or segments of the community;
- Consider how changes and trends might impact the health of the community;
- Develop strategies for integrating, specializing or partnering with other stakeholders in the community; and
- Encourage further dialogue and collaboration among all care stakeholders as they address the health needs of a community.

### Timeline

The timeline for a community conversation event will vary based on event location, designation of speakers, etc. The timeline below offers an outline for event planning and execution.

- Select date – 4 months prior
- Build invitation list – 3 to 4 months prior
- Send out save-the-date notice – 3 months prior
- Send out invitation – 2 months prior
- Send out reminder invitation – 3 weeks prior
- Send out pre-survey to attendees to set expectations for the conversation – 2 weeks prior
- Send out post-event survey or evaluation – 1 week post event

### Audience

Community conversation events are generally structured dialogues designed to initiate discussions regarding a community's health care challenges and opportunities. Think strategically in determining the goal of the community conversation, as well as identifying which community stakeholders should attend – for example, who could offer important insights and open doors for ongoing partnership. Audience makeup will be different based on the community and topic covered, however, below is an outline of how to build an audience that will encourage a robust, productive conversation.

The invitation list for community conversation events should be representative of the local community and include a variety of non-health care stakeholders. Conveners are encouraged to think beyond their comfort zone to invite a

full spectrum of community representation, including consumers and other public representatives from whom they may not normally solicit feedback. The audience could include:

- Purchasers, large employers and local businesses;
- City, county or state departments of health and public health officials;
- Physicians and other health care providers;
- Health plan representatives;
- Local elected officials;
- Consumer group representatives (AARP or other local consumer group chapters);
- Other community stakeholders representing, for example, the chamber of commerce, banking/finance, educational institutions, recreation departments and city planners;
- Social service organizations (YMCAs, mental health clinics, health centers, etc.);
- Health care stakeholders (medical societies, nursing home associations, home health associations, rehabilitation facilities, etc.); and
- Patients, their families and caregivers.

Identifying a member of your hospital's governing board also may be a helpful addition to the community conversation audience. These individuals provide an important connection with community stakeholders, and the opportunity to listen to such conversations will bring new insight to the hospital boardroom.

While community conversation events are generally structured dialogues, you may choose to expand your invitation list to allow for broader community feedback. For example, a public town hall meeting that is open to the entire community or portion of the community will allow you to hear additional perspectives.

## Steps for Community Conversations

- STEP 1**
  - Articulate the reason or goal for convening a community conversation
  - Select a date
  - Select a venue
- STEP 2**
  - Strategically build an invitation list
  - Identify guests (moderator and other speakers)
  - Send a save-the-date
- STEP 3**
  - Send invitation
  - Hold prep calls with moderator and speakers
  - Confirm logistics with venue (room setup, food, AV, etc.)
- STEP 4**
  - Send reminder notices as needed
  - Send pre-event survey and materials to registered attendees
- STEP 5**
  - Convene event (bring needed materials; e.g. agendas, handouts, tent/name cards, flip charts, etc.)
- STEP 6**
  - Follow up after event (send participants a thank you note, post-event survey or evaluation, key findings and any next steps)



Example of hollow "U" table setup to help facilitate dialogue and open exchange of ideas.

## Logistics

**Venue.** Ideally, community conversation events would be held in a neutral, centrally located and easy-to-access venue that creates a comfortable environment for all attendees.

**Room setup.** The suggested room setup is a hollow "U" to help facilitate dialogue and open exchange of ideas. Additionally, if the venue permits, secure two or three additional rooms adjacent to the main event room that have flip charts and can be used for small group breakout discussions.

**Speakers.** Community conversations should be just that – conversations with invited

stakeholders – and not solely a hospital-centric discussion of challenges. The hospital or health system also may consider using a moderator, not directly connected, to serve as a knowledgeable third-party entity who could keep conversations moving in a productive manner. When employing a moderator; consider a pre-event prep call to walk through the intended flow of the event, talk through any specific considerations and answer any questions that would help both the moderator and convening organization feel more comfortable with their roles.

## Pre-event Materials

Once your attendee list is confirmed, consider sending pre-event materials. Such materials should be refined to provide you with needed insight and/or educate attendees, but they should not appear as cumbersome homework for attendees. For example, you may consider sharing some background materials with participants to give perspective on the changes the health care field is undergoing. Additionally, you may consider sending a brief survey to all confirmed registrants to complete. The survey can help gauge a basic understanding of perceptions and expectations of the attendees and aid moderators in their prep. It also can be used as a guide for determining key topics for discussion.

## Agenda and Moderator's Guide

You should develop an agenda that can be adapted as needed based on the speaker lineup. Consider including breakouts during which small groups can discuss topics in detail before reporting to the larger group. If a moderator is leading the discussion, you may consider developing a moderator's guide that sets forth the general framework to keep the event and discussions moving.

## After the Conversation

In addition to thanking participants for their time and sharing basic themes and takeaways from the event, you may want to take the opportunity to send a post-event evaluation to help capture additional thoughts and possibly direct future activity and collaboration among community stakeholders. This could be accompanied with a thank-you note to participants, a meeting evaluation form, a summary of key insights and next steps when applicable. The ultimate purpose of the post-event evaluation is to continue relationship building.

In addition to the post-event evaluation, you may want to consider setting regular meetings for community stakeholders to continue the conversation and development of solutions that best address the needs of your community. The AHA's Health Research & Education Trust (HRET) joined the Robert Wood Johnson Foundation to develop [strategies](#) that would be effective in sustaining these hospital-community partnerships, including a checklist of strategic considerations your hospital should consider when entering these relationships.<sup>2</sup>

## Sample Post-event Evaluation Questions

1. Please indicate what type of organization you represented at the community conversation event:
  - Hospital/health system
  - Health care (other than hospital)
  - Non-health care
2. What was your biggest takeaway?
3. What did you learn?
4. What next step(s) would you like to see happen in our community?
5. Please provide any additional comments.

# Broad Community Engagement

## Community Health Assessment

Community conversations also may be connected to the existing work of the hospital. For example, your hospital is already conducting a community health assessment (CHA) to focus on identifying community health needs and guide your organization's efforts around community health improvement. This process may be a natural opportunity to engage in new partnerships that can help ensure access to health care services and improve community health.

While there is no one-size-fits-all approach to community engagement around the process, the AHA and the Association for Community Health Improvement developed a [toolkit](#) that offers a nine-step pathway for conducting and developing implementation strategies.<sup>7</sup> Each of those nine steps, summarized below, include an opportunity to identify and engage community stakeholders.

### Reflect and strategize

Reflect on past CHA's priority areas, goals and outcomes; identify what worked well, areas for improvement and whether implementation strategies had the intended impact.

### Identify and engage stakeholders

Establish trust with community groups to foster inclusivity, creating a stronger sense of joint ownership of the process.

### Define the community

Use geographic and population data to frame the assessment scope and follow-up strategies. ZIP code, census tract and qualitative data foster understanding of what is meant by "community."

### Collect and analyze data

Combine quantitative and qualitative data reflecting experiences and opinions of your community. Data should reveal overall community health and highlight the needs of various populations.

### Prioritize health issues

Distinguish the most pressing community health needs based on the data collected.

### Document and communicate results

Share the results of your assessment with both internal and external audiences.

### Plan implementation strategies

Develop comprehensive, multifaceted strategies to address the community health needs prioritized in your assessment. This is crucial to improving community health.

### Implement strategies

Continuously improve health by turning strategies into concrete actions.

### Evaluate progress

Plan evaluation through the CHA process to assess progress towards goals.

### CHA and CHNA

The Affordable Care Act requires all nonprofit hospitals to complete a community health needs assessment (CHNA) process every three years. While CHNAs are a recent requirement, community health assessments (CHAs) have long been used as a tool by hospitals, public health departments and other social service agencies to identify key community health concerns.<sup>3</sup>

A CHA is a systematic process involving the community to identify and analyze community health needs and assets, prioritize those needs and then implement a plan to address significant unmet needs.<sup>4</sup> Upon completing the assessment, hospitals develop implementation strategies to address the significant community health needs identified in the CHA.<sup>5</sup> The results of the CHA can also be used as hospitals and health systems complete their CHNAs.

It is important for nonprofit hospitals to be knowledgeable about the Internal Revenue Service (IRS) regulations for CHNAs. The AHA's review of the IRS's final rules for CHNAs and implementation strategies can be found [here](#).<sup>6</sup>

## AHA and ACHI Pathway for Conducting and Developing CHA Implementation Strategies



While the AHA and ACHI pathway provides a robust approach to engaging the community and patients throughout the CHA process, the AHA has also developed a [guide](#) that focuses on integrating community and patient engagement as a key component in each step.<sup>8</sup> This engagement will allow hospitals to gain a clearer understanding of their community's health needs and priorities, increase buy-in and a sense of shared responsibility for community health, and establish relationships with organizations and individuals who are community assets. Community members and patients also benefit from participating in the CHA process – they will gain a more comprehensive understanding of their community, including health issues, the root causes of those health issues and the availability of resources to address them. This process can also strengthen bonds between the community and hospital as well as enhance community investment in an effective process and a willingness to collaborate in the future.

# Broad Community Engagement

## Social Media

Increasingly, individuals go online to find health information and form opinions about their health care providers. Many get health information from websites or social media accounts tied to the American Heart Association, American Diabetes Association and others instead of their providers. In fact, seven-in-ten Americans use social media,<sup>9</sup> and recent research shows more than half of smartphone owners use their phones to get information about a health condition.<sup>10</sup> Seniors (adults age 65+) are the fastest growing social media audience with Facebook being their platform of choice. Millennials, along with Gen Xers, prefer Twitter and Instagram.<sup>11</sup>



Given this, you may want to consider expanding your conversations through social media, including websites or social media accounts. Along with traditional media, social media also offers a tremendous opportunity to share the community outreach, wellness and community health activities in which you are engaged. You will be able to reach key audiences simply and cost effectively. For many, social media is the new “word of mouth.”

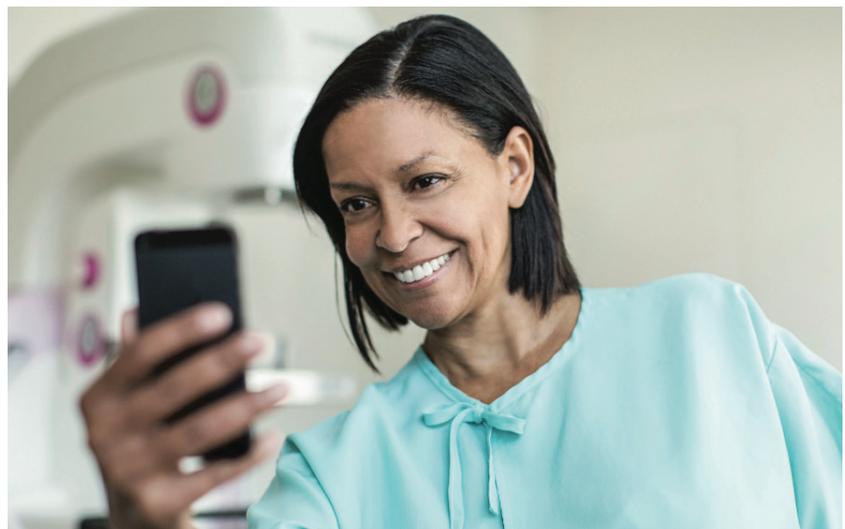
For example, you may talk about the partnerships in which your hospital is engaged to assist community members with transportation, attain healthy food options or any other partnership that you may be using to increase access to care and to improve overall health and wellness. You also may want to use social media to announce the establishment of new partnerships or highlight the progress and milestones associated with long-term relationships. You can feature photos, testimonials as well as strengthen “digital partnerships” and widen your audience base.

Additionally, social media can be a helpful tool in gathering feedback and better understanding the needs of your community, including the services individuals are using and the providers that are providing those services. This feedback could be helpful as you determine whether one or more of the nine strategies included in the task force report would be beneficial for your community.

### AHA Resources Help Amplify Your Hospital’s Story

AHA and its affiliates created *A Hospital Leadership Guide to Digital and Social Media* to provide useful resources and how-to guides on how to easily and effectively utilize social media.<sup>12</sup>

In addition, AHA launched a public campaign – Advancing Health in America – in 2015 to help the general public better understand the changing health care system, the evolving role of our nation’s hospitals and health systems, and how hospitals are redefining what it means to be a hospital by providing care beyond their four walls and improving the health of their communities. The resources, available at [AdvancingHealthinAmerica.org](http://AdvancingHealthinAmerica.org), help hospitals and health systems use social media to tell their story to patients, nurses, family caregivers, policymakers and community thought leaders.<sup>13</sup>



# Specific Stakeholder Engagement

## Partnering with Patients



Engaging with patients and their families to solicit their unique insight and perspective has been shown to be a fundamental tool in making care safer and more effective. Accordingly, engaging patients, their family members and other individuals that may at some point become patients as active participants will be helpful as you consider the nine strategies included in the task force report. Specifically, it will provide insight as you determine which strategies will be most impactful in both improving the health status of your community as well as the health outcomes for individuals.

The AHA's *Framework for Engaging Health Care Users*<sup>14</sup> presents a continuum for engaging patients, from basic education and information sharing to more formal committees and partnerships offering entry points for user engagement at different levels of the health care system.

### Framework for Engaging Health Care Users<sup>15</sup>

#### Individual

Increase the skills, knowledge and understanding of patients and families about what to expect when receiving care.

- Demographics
- Prior Experience
- Knowledge
- Skills
- Attitudes

#### Health Care Team

Promote shared understanding of expectations among patients and providers when seeking care.

- Bedside Inpatient Unit
- Emergency Department
- Clinic
- Exam Room
- Home

#### Organization

Encourage partnerships and integrate the patient and family perspective into all aspects of hospital operations.

- Hospital
- Patient-centered Health Home (PCHH)
- Accountable Care Organization (ACO)

#### Community

Expand the focus beyond the hospital setting and find opportunities to improve overall community health.

- Schools
- Neighborhoods
- Public Health
- Faith-based Groups
- Community Groups
- Coalitions

Information Sharing...Shared Decision Making... Self-management...Partnerships

While the framework is primarily focused on improving the health of patients, several principles also are helpful for engaging patients on transformation. For example, at the individual level, the focus is on patients' and their families' capabilities, knowledge and understanding of what to expect when receiving care. As you begin to engage in dialogue about health care transformation, it will be important to educate individuals on the services currently offered by your organization. With this information, patients will be able to make better, well informed decisions related to these transformation strategies.

In addition, at the organization level, you can encourage patients and families to participate in program planning and development, providing them the opportunity to influence





your strategy and integrate their experiences as users of health care services in your community. This can be done through patient and family advisory councils, including them in other hospital management and committee meetings or creating a patient-focused community conversation.

At the community level, you can expand your focus to include collaboration with community stakeholders. Together, partners can identify strategies and opportunities to address key public health priorities and improve access to health care services in your community. This may include working with schools, faith-based organizations, professional associations, nonprofit organizations and other community partners and members to deliver information and engage patients in this transformation.

In addition to this framework, the AHA has developed a [guide](#)<sup>16</sup> focusing on integrating community and patient engagement as a key component in the CHA process. As part of that guide, the AHA developed a spectrum for community engagement applicable as you develop opportunities for feedback from patients, their families and other future patients. This spectrum is included below and includes patients participating at the participant, advisor and partnership levels.

### Spectrum for Community and Patient Engagement<sup>17</sup>

#### Participants

Participants have one-time or short-term involvement through surveys, focus groups, etc.



#### Advisers

Ongoing participants in the process act as sources of feedback or community liaisons; they are involved in prioritizing needs and planning improvement strategies.



#### Partners

Community members and patients serve as co-leaders of the CHA; they are involved in a CHA governing council and in all planning and decision making.

# Specific Stakeholder Engagement

## Working with Trustees

Conversations with the community can begin in your hospital's boardroom with community members participating in the hospital's governance. The AHA has three key resources to help you engage in conversations with your hospital board about this transformation.



### ***Leadership Toolkit for Redefining the H: Engaging Trustees and Communities***<sup>18</sup>

Provides tips and pointers for creating the right boardroom conversations.



### ***The Leadership Role of Nonprofit Health Systems in Improving Community Health***<sup>19</sup>

Addresses the important role health systems and their boards can play in creating healthier communities and profiles five nonprofit health systems that have made a commitment to providing leadership in improving community health; the partnerships, priorities and progress they have achieved; and how their governing boards, advisory councils and organizational leaders are engaged in striving to attain their goals.



### ***A Board Discussion Guide for Ensuring Access***<sup>20</sup>

Tied to the work done by AHA's Task Force on Ensuring Access in Vulnerable Communities, this resource guides discussions on the vulnerable populations your health care organization serves and steps that your board and leadership can take to ensure ongoing access to health care services. Use of the discussion guide can be tailored as part of the agenda for a board education session, leadership retreat or strategic planning session. The executive staff and all board members should be prepared to address local examples/information as part of this discussion.

## Discussion Guide Highlights

- Which of the populations or communities our organization serves could be considered vulnerable? Why?
- Which, if any, essential health care services are not available in the vulnerable communities our organization serves?
- Which of the vulnerable communities our organization serves are less likely to have access to or are not likely to utilize one or more of these essential health care services?
- Which of the emerging strategies identified by the task force are most likely to further improve access to essential health care services for the vulnerable populations our organization serves?
- What are the implications of implementing these strategies in our organization and community?
- What barriers are our organization most likely to encounter? How can we as a board and as an organization advocate to overcome them?
- What role(s) should our board play in gaining input, buy-in and acceptance from the community to implement new strategies for ensuring access?
- What assistance, such as education, tools, training and other resources, will our board need to effectively fulfill its community liaison role(s)?

# Specific Stakeholder Engagement

## *Working with Clinicians*

Transitioning to the nine strategies in the task force report also will require input and buy-in from physicians and other clinicians in the community. The AHA has previously outlined [steps to engage physicians](#)<sup>21</sup>, which are included below and applicable when receiving input from all clinicians in your community.

### **Narrow your efforts.**

Avoid one-size-fits-all approach and focus on a specific topic or issue. Clinicians may feel more invested in some issues, but not in others. For example, those clinicians who will be responsible for managing virtual care strategies may have more incentive to be directly involved in discussions related to those strategies. In addition to having more reason to get involved, they may also have more influence on clinicians who are not focused on the issue. You should also consider setting the stage for closer inclusion by reaching out to clinicians on a regular basis.

### **Spread the conversation.**

If you are looking to include specific clinicians in the conversation, consider putting together an “elevator speech” that conveys your vision for the initiative in 10 seconds. This should include the four Ps:

- Picture or vision for the project;
- Purposes, or why it is important (from the clinicians’s perspective);
- Plan, or how it will be implemented or how we will get there; and
- Place, or a specific role or key behavior for the clinician.<sup>22</sup>

### **Fuel the conversation with data.**

While anecdotal stories are powerful, you should be prepared with reliable and relevant data prior to discussing these strategies with clinicians. This will create an environment where clinicians may review quality, claims and other available data and turn this data into actionable information. If you are considering implementing virtual care strategies, data related to service volumes, anticipated need and additional cost will further the dialogue.

In addition to these steps, AHA Health Forum has resources on clinician inclusion that may be useful as you consider these conversations. Those resources are available [here](#).<sup>23</sup>

## Conclusion

While community conversations will vary based on audience, topic and locale, the AHA is committed to assisting you engage in discussions related to the health care services offered in your community. These conversations will be critical as you work collaboratively to identify and address the needs most important to your own community. The AHA will continue to release new tools and resources that will facilitate these community conversations as well as help you evaluate whether the task force’s nine strategies are the right answer for ensuring access to essential health care services in your community. These resources will be available at [www.aha.org/EnsuringAccess](http://www.aha.org/EnsuringAccess).

## Endnotes

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22. Id.
23. Accessed at <http://www.healthforum.com/connect/content/leadership.shtml>.

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Please contact Priya Bathija at [pbathija@aha.org](mailto:pbathija@aha.org) to provide feedback about your community conversations.



**American Hospital  
Association®**

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Chicago Office:  
155 N. Wacker Drive  
Chicago, IL 60606  
312.422.3000

Washington Office:  
800 10th Street, NW  
Two CityCenter, Suite 400  
Washington, DC 20001  
202.638.1100

[www.aha.org](http://www.aha.org)