



Putting People First!

Practicing Our Powers of Persuasion

DIRECTIONS

For this role play exercise, you will need to divide into two sets of teams by counting off. (2 Community 'A' groups and 2 Hospital 'B' groups)

Team A will represent community leaders, activists, and neighbors who want to negotiate with their local hospital on one of the following issues (each team will be assigned one of these issues, which will be shared with Team B):

- Issue #1 – Creating (and expanding, where applicable) school-based health centers to provide opportunities for youth in restorative justice, leadership development and health industry employment to address health professional shortages
- Issue #2 – Investing in “sick buildings” in neighborhoods, places where asthma rates are higher and living conditions in these buildings are sub-par, through retrofits/renovations and by employing local, green contractors
- Issue #3 – Improving financial assistance and billing policies for people without good insurance, and making sure interpreters are available to answer billing questions

Team B will represent a group of hospital community benefit staff and executives who are worried about the issues the community raises—especially since the hospital is seeing higher numbers of uninsured patients in the emergency room (ER) this year—but who don't want to spend a lot of money addressing the problem. Besides, the hospital has already decided how it is spending its community benefit dollars this year. This wasn't part of the plan.

Potential Roles

Team A: The Community

Roles: Participants will play themselves (unless they want to be someone else).

Observer: Each Community team should choose a person to act as the observer. The observer will take notes and provide observations to the larger group. Watch for places where there might have been potential missed opportunities to accept a compromise, when someone makes a key point, or if participants “leave” the meeting with a clear commitment on a crucial next step.

Team B: Hospital

Team B members should pick someone to play each of the following roles.

Community Benefit Director: As a full-time staff person working on community benefit, this person oversees the community benefit department and budget. This person is responsible for making sure the hospital board and CEO approve and adopt the community health needs assessment (CHNA) and implementation strategies. This person has been in the medical field for 10 years as an epidemiologist—a public health professional who is trained to study the patterns, causes, and effects of disease and injury in the community. This person has a small budget and must get approval from the hospital board and executive team, especially the chief financial officer (CFO), to conduct programs and make investments.

Legislative Affairs Director: As a full-time staff person working on marketing and public relations for the hospital for the past three years, this person is responsible for making sure the hospital is seen positively by the community and that media (newspapers, etc.) reports are positive. This person also leads all of the hospital's strategy and negotiations with policymakers, including elected officials and regulatory agencies like the Department of Health. This person has to answer directly to the CEO and is used to dealing with stressful situations where people aren't happy with the hospital and working to smooth over these relationships.

Chief Financial Officer (CFO): This person has been at the hospital in this position for five years and is responsible for making sure the hospital's budget stays on track. This includes overseeing financial assistance (charity/free care) and working with other departments, including the community benefit staff to coordinate and file the federal IRS 990/Schedule H forms for community benefit. This person has a keen sense of what financial pressures the hospital is facing and is most concerned recently with the increased number of uninsured and Medicaid patients who are visiting the ER.

Hospital Community Coalition Staff Person: A former elementary school nurse, this person manages the day-to-day facilitation of the community coalitions and some of the other community programs run through the hospital's community benefit office. This person reports to the Community Benefit Director.

Hospital Operations Vice President: This person oversees buying materials and initiating contracts for services that the hospitals need to run (food, technology services, recycling, etc.). This person reports to the CFO and must stay under "budget" while also ensuring hospital staff have what they need to provide quality care and making sure the hospital is being a responsible business in the community.

Observer: The observer will take notes and provide observations to the larger group. Watch for places where there might have been potential missed opportunities to compromise, when someone share information that would help the community understand the hospital's position, or if the group comes to a clear next step.

Instructions

Meet with your team members to strategize and prepare. When given the signal, start “negotiations” where you will have to try to negotiate a solution/determine next steps. Observers will take notes about your experience, you will discuss what was learned, and how this could help you prepare for an actual negotiation (or even a fact-finding meeting) with a hospital staff person.

FOR TEAM A (Community Leaders/Advocates)

Some questions Team A should consider when meeting to strategize and plan include:

- What are **three specific changes** it wants Team B (the hospital) to adopt?
- What are some of the **strongest arguments in favor** of these changes?
- What **challenges** does Team A think Team B will use to argue against the changes?
- How can Team A **frame its desired changes in ways that will show a benefit** to Team B? In other words, are there ways Team A can appeal to Team B’s self-interest? Values? Bottom line/need to make profit?
- What are some ways Team A can suggest the changes in a way that is **most appealing** to Team B?

FOR TEAM B (Hospital Community Benefit Staff and Leadership)

Some questions Team B should consider when meeting to strategize and plan include:

- What **changes** can you anticipate that Team A (community leaders) will ask you to make?
- What are some of the **strongest arguments in favor** of these changes? Against them?
- What **challenges** will you (as hospital staff) face if you agree to these changes? (Some examples: the change is expensive and money is limited, staff will need to be hired or retrained, you will first need to convince hospital board and others in the hospital, you don’t think the change they are suggesting will solve the problem.)
- If you are leaning toward working with the community leaders, what are some **next steps** that make sense to you?
- If you do not plan to make the changes they suggest, will you still try to **preserve or build the relationship with the community**? How?