CAHL NOW

SUMMER 2019

The Quarterly Publication of:

CAHL
California Association of Healthcare Leaders

An Independent Chapter of

AmericanCollege *of* HealthcareExecutives
for leaders who care®

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CAHL NOW

summer 2019

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A MESSAGE FROM OUR CHAPTER REGENT

ACHE Regent's Role
Regents are the elected representatives of ACHE members residing in a set geographic territory and are the primary liaison between ACHE, state and local ACHE Chapters, and healthcare associations in their jurisdiction. Regents are also the primary conduit for communications between ACHE higher education network student chapters (HENs) and ACHE. As the elected representatives of ACHE members, Regents serve as advisors within the ACHE governance structure to the Board of Governors.

It is my privilege to share this message as part of the newsletter of our local ACHE Chapter, the California Association of Healthcare Leaders (CAHL). First and foremost, welcome to all of our newest members, hello again to our continuing members, and congratulations to those who have recently advanced to, and recertified, their Fellow status!

With this message, I would like to formally invite all members to submit nominations for the ACHE Early Career Healthcare Executive Award and the ACHE Senior Level Healthcare Executive Award. The nomination window will be open for the month of June with a deadline of June 30, 2019. All nominations are required to be submitted directly to me at bsangha@alamedahealthsystem.org along with a recent resume and 500 word maximum summary explaining how the nominee meets and exceeds the criteria set forth for each of the awards. Award recipients will be determined by the Regent's Advisory Council and will be recognized at the CAHL Annual Meeting on August 14, 2019, in Walnut Creek, CA. The criteria are as follows:

ACHE Early Career Healthcare Executive Award: A member of the American College of Healthcare Executives; demonstration of leadership ability; demonstration of innovative and creative management; executive capability in developing his or her organization and promoting its growth and stature in the community; participation in local, state, or provincial hospital and health association activities; participation in civic/community activities and projects; demonstration of participation in ACHE activities and interest in assisting ACHE in achieving its objectives

Senior Level Healthcare Executive Award: A Fellow of ACHE; a CEO, COO, or other senior-level executive title within the organization; demonstration of leadership ability; demonstration of innovative and creative management; executive capability in developing his or her organization and promoting its growth and stature in the community; contributions to the development of others in the healthcare profession; demonstration of leadership in local, state, or provincial hospital and health association activities; participation in civic/community activities and projects; demonstration of participation in ACHE activities and interest in assisting ACHE in achieving its objectives

With a focused goal of assembling a diverse slate of nominees, I thank you in advance for your partnership and engagement in this award process.

ACHE's Statement on Diversity states: "As the professional membership society for healthcare executives, the American College of Healthcare Executives embraces diversity within the healthcare management field and recognizes that priority as both an ethical and business imperative. ACHE values diversity and initiatives that promote diversity because they can improve the quality of the organization's workforce. ACHE also values and actively promotes diversity in its leaders, members, and staff because diverse participation can serve as a catalyst for improved decision making, increased productivity, and a competitive advantage." Within CAHL, diversity takes on an additional focus: diversity of the geographical regions where our peers work daily, diversity in the type of work being done whether it be direct clinical care or indirect care activities, and diversity of the tenure of the professionals performing this work, from early careerists to mid-level careerists to senior executive C-Suite careerists. Through it all, the one factor that inherently influences the way we as healthcare professionals approach these diverse facets, is one's own personal experience.

I personally have experienced and know the feeling of food insecurity, stepping up to a cash register as a child with my mother to realize only then we did not have enough money to pay for groceries. I personally have experienced and know the feeling of housing insecurity, where the mortgage and rent were paid month to month and, in addition to having a monthly chore of cutting the grass, having to fumigate the home for roaches and other insects. I personally have experienced and know the feeling of seeing how a language barrier has affected how my friends and family have understood and received healthcare. I personally understand the uphill challenge of conclusions being reached based on my outward experience. All these experiences have influenced my growth as an individual and my evolution as a healthcare leader, just the same as I know varying degrees of exposure to such issues have evolved your evolution as leaders and how you subsequently bring these experiences and framings to the work we do everyday to eliminate such insecurities for the communities we serve.

As such, "ACHE works to foster an inclusive environment that recognizes the contributions and supports the advancement of all, regardless of race, ethnicity, national origin, gender, religion, age, marital status, sexual orientation, gender identity, or disability because an inclusive environment can enhance the quality of healthcare, improve hospital/community relations, and positively affect the health status of society." This priority is reflected in ACHE's various activities and initiatives.

- The Institute for Diversity in Health Management, co-founded by ACHE, which collaborates with educators and health service organizations to expand leadership opportunities for ethnic minorities in health services management

- Race/Ethnic Comparisons of Career Attainments in Healthcare Management, which are periodic surveys of healthcare executives in various race/ethnic groups to compare their career attainments

- Comparisons of the Career Attainments of Men and Women Healthcare Executives, which are periodic surveys of the career attainments of men and women healthcare executives, by gender

- The development of resources, such as the Diversity and Cultural Proficiency Assessment Tool for Leaders, created by ACHE; the American Hospital Association; the Institute for Diversity in Health Management; and the National Center for Healthcare Leadership, which contained assessment worksheets and case studies that healthcare leaders used to evaluate the diversity and cultural proficiency of their organization and identify what activities and practices need to be implemented

- A minority internship–a three-month assignment intended to attract racially/ethnically diverse students into the fields of healthcare and professional society management and to further their post-graduate education

- Albert W. Dent Student Scholarships, awarded annually to racially/ethnically diverse students in healthcare management graduate programs

- Educational programs and publications addressing the issues of diversity

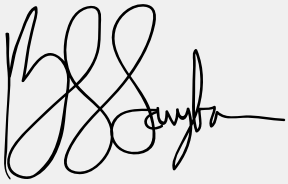
- The Thomas C. Dolan Executive Diversity Program designed to prepare mid- and senior-level careerists from underrepresented groups to ascend to C-suite roles. This once-in-a-career experience will help scholars formulate a strategy for their future in healthcare management and provide them with an invaluable network of colleagues to support them at every stage of their leadership career. The deadline to complete the application is Friday, July 12, 2019

Locally, the CAHL Chapter has fully embraced Diversity and Inclusion. The CAHL Board's Diversity & Inclusion Committee has established specific goals as part of CAHL's 2019 Strategic plan:

- Strengthen relationships between CAHL and other Forums and Associations by updating affiliation agreements with the:
  - Women's Healthcare Executives
  - National Association for Latino Healthcare Executives
  - National Association of Health Services Executives
  - Asian Healthcare Leaders Association
  - Rainbow Healthcare Leaders Association
- Collaborate with Local Programming Councils to ensure that at least two (2) educational events in the coming year are based on the ACHE Diversity and Inclusion programing templates. One such event took place on May 16, 2019, in Oakland, California, with a focus on "Understanding Implicit Bias and Its Impact on Healthcare Leadership." Moderated by Luis Fonseca, FACHE, Chair of CAHL's Diversity and Inclusion Committee, the panel included Dr. Ronald Copeland, Senior Vice President of Diversity and Inclusion for Kaiser Permanente; Maria G. Hernandez, President and CEO of Impact 4 Health; and Rhonda Simmons, Director of Labor Relations and Workforce Development and Diversity at the San Francisco Department of Public Health. A recording of the event, and other CAHL events, can be found here.
- Support and assist all chapter committees in incorporating our key values of Diversity and Inclusion in established goals, which include having a member of the Diversity and Inclusion Committee sits, on the CAHL Board's Compliance Committee to review annual events and operations to confirm Diversity and Inclusion have been incorporated in all facets of CAHL's offerings.

Thank you for the opportunity to offer this note on diversity to you this quarter. Whether related to diversity or any other topic, your thoughts and ideas allow me to better serve as an advocate for the membership and CAHL Chapter. Please do not hesitate to reach out to me at bsangha@alamedahealthsystem.org with thoughts, suggestions, challenges, and insights. I'm looking forward to seeing you all at the CAHL Annual Meeting on August 14 in Walnut Creek, CA! Please refer to the CAHL website here to register for this event as well as the next event!

With Gratitude,



Baljeet Singh Sangha, FACHE
Regent for California – Northern and Central

Baljeet S. Sangha, FACHE, is the Vice President of Support Services at Alameda Health System. He is a member of the Board of Directors for the Hospital Council of Northern and Central California, a member of America's Essential Hospitals (AEH) Education Committee, a past president of the California Association of Healthcare Leaders, and a past president of the UC Berkeley School of Public Health Alumni Association.

Like our page

A MESSAGE FROM OUR CHAPTER PRESIDENT

Soldiers, Sailors, and Airmen of the Allied Expeditionary Force!

You are about to embark upon the Great Crusade, toward which we have striven these many months. The eyes of the world are upon you. The hope and prayers of liberty-loving people everywhere march with you. In company with our brave Allies and brothers-in-arms on other Fronts, you will bring about the destruction of the German war machine, the elimination of Nazi tyranny over the oppressed peoples of Europe, and security for ourselves in a free world.

These hallowed words come from the opening paragraph of Gen. Dwight D. Eisenhower's letter to the 156,000 soldiers who bravely took part in the D-day invasion of Normandy on June 6, 1944. It is recognized that this battle changed the tide of the war and hastened the defeat of Germany less than a year later, freeing millions of people who were oppressed and under tyrannical rule for four years.

Imagine for a moment what it would have been like to be there. Imagine what the world would look like today if the Allies did not win the war. It's hard to imagine, but I believe that world would have been a less free and diverse place. Thankfully, we live in a country where both freedom and diversity are cherished and celebrated.

This is why these words and the stories that came after are so inspiring to me. I recognize that I am able to freely write and communicate my President's message due to the extraordinary heroism that occurred on those five beaches 75 years ago. I am grateful for that freedom and will never forget the sacrifices of the soldiers who fought for freedom then and who continue to fight now.

The "Greatest Generation" who has ever lived has given each of us the opportunity to live during the greatest period of our country's history. We are definitely blessed, and I hope each of you takes the knowledge, technology, and freedoms that you have access to today and uses them to make the world around you better. This is how we never forget and how we honor what occurred 75 years ago.

We are blessed to work in an industry that has the privilege of treating these heroes and their families, as well as all the heroes that continue to fight for our freedoms overseas and within our shores. Our industry also has the

privilege of caring for anyone who steps through our emergency department doors regardless of background or ability to pay. Every day and hour of the year our clinical teams are on the frontlines treating these patients. These frontline heroes fight everyday against the diseases, ailments, trauma, and mental health issues that too frequently injure, incapacitate, and cause death. Their efforts to save lives and improve disability are inspiring.

Our industry has never been stronger in its capacity to quickly diagnose, treat, operate, and recover those in need. As leaders, it is our duty to ensure our frontline heroes have the resources that they need to continue to win – to continue to improve the health and wellness of our communities. It is up to us to ensure we create a culture that advocates for a diverse workforce, promotes continuous learning and training, rewards teamwork, and constantly advances.

As chapter president, this is the culture that I see with our current board and chapter membership. I see leaders who are giving it their all to further advance the chapter and give back to the profession. I see leaders sharing best practices amongst organizations.

I hope you take a few minutes to read the excellent articles about diversity in this Summer 2019 newsletter. They will truly make you a better leader and help remind you how diversity of thought, expertise, and people can strengthen your organization.

I am grateful for the work of the Diversity and Inclusion Committee, led by co-chairs Luis Fonseca and Justine Zilliken, whose leadership has made extraordinary gains in strengthening the culture and diversity of the chapter.

I would also like to thank and am grateful for the work that the chapter's Military Outreach Committee, led by co-chairs Ruth Cieri and Maj. John DeCataldo, does to support the military and veteran members in our chapter. Those efforts have not gone unnoticed.

Please stay safe this summer, and when you celebrate the Fourth of July holiday please take a moment to thank and pray for all those who fought and are still fighting for our freedoms. And take a moment to thank your teams and physicians who give so much to improve the lives of the patients we serve. As Gen. Dwight D. Eisenhower wrote 75 years ago, "The hope and prayers of liberty-loving people everywhere march with you."

With gratitude,

Andrew Pete, MHSA, FACHE
Chapter President

DIVERSITY AND INCLUSION IN THE MILITARY

By: Captain Sara Salmeri, U.S. Air Force, Medical Service Corps

As a Latina female Medical Service Corps Officer in the United States Air Force, one of the features that attracted me to the military was its appreciation for diversity. As a student of history, I learned that in 1948, President Truman signed an executive order establishing the President's Committee on Equality of Treatment and Opportunity in the Armed Services. This committed the government to integrate the racially segregated military. In the same year, Congress passed the Women's Armed Services Integration Act, granting women permanent status in the military and entitling women to the same veteran's benefits as men. In contrast, some states were still segregated until Brown v. Board of Education ruled segregation unconstitutional in 1954. This was six years after the military was already integrated. Through this example, it was evident to me that the military has led the way in addressing issues pertaining to equal treatment and inclusion in order to create a strong and united force, thus making us an undefeatable nation.

There is no doubt in my mind that diversity strengthens our military. Why? Because diversity produces superior solutions to difficult issues by providing a variety of perspectives. Diversity offers solutions through the lenses of different cultures and life experiences. Therefore, having diversity among healthcare leaders in our nation's military will also help with recruiting and retaining members who

are inspired by an environment of opportunity and inclusion. Embracing diversity in leadership positions helps the military become a high-performing organization. Leaders from diverse backgrounds can help identify talents, skills, and attributes and mentor diverse members to build multi-cultural competencies within their organizations.

"There is no doubt in my mind that diversity strengthens our military."

I have been very fortunate to experience the leadership of three different female Commanders. As a female, it was inspiring to see women in the high ranks and observe them handling challenging situations. This experience has catapulted my desire to pursue higher leadership positions for myself. By seeing female representation in the Command tier, it makes me feel like I too can be there someday. This is more motivation for me to stay in the military and to keep pursuing opportunities with an organization that makes me feel valued as a female, a minority, and a patriot.

Members of the military are a direct representation of our society. As the demographic make-up of our nation continues to change, all organizations should focus on recruiting, mentoring, and retaining a highly skilled diverse workforce capable of meeting current and future mission demands. For our Armed Forces to keep their position as the most capable military in the world, they must harness the talents of all Americans, regardless of gender, race, ethnicity, or religious preference.

OUR BEAUTIFUL FOREVERS

By: Asha George, PhD

Awhile back I read a book titled, *Behind the Beautiful Forevers: Life, Death and Hope in a Mumbai Undercity*, by Katherine Boo. Ms. Boo, an American Pulitzer Prize-winning author, gave voice and witness to the poverty and resilience in another culture. The book does not have a happy neatly tied-up ending; rather it leaves one feeling that the characters' lives are unfolding long after the book has been read.

When we speak about homelessness, we too have entered into another culture and are seeking meaning in the life of the other, whose social situation and life experience may be very different from our own. Some have entered the realm of homelessness when they lost their job, or by the death of the breadwinner in the family, or through alcohol and substance dependence, or by having medical bills that wipe out all their assets; the list goes on. At first, you may still find shelter in your car and buy food, but as time goes on you lose so much more than your shelter – you lose your ability to get yourself out of your situation. But what if in addition to all this your reality is distorted by mental illness and you have been victimized by others so that you do not trust anyone, especially those who try to help?

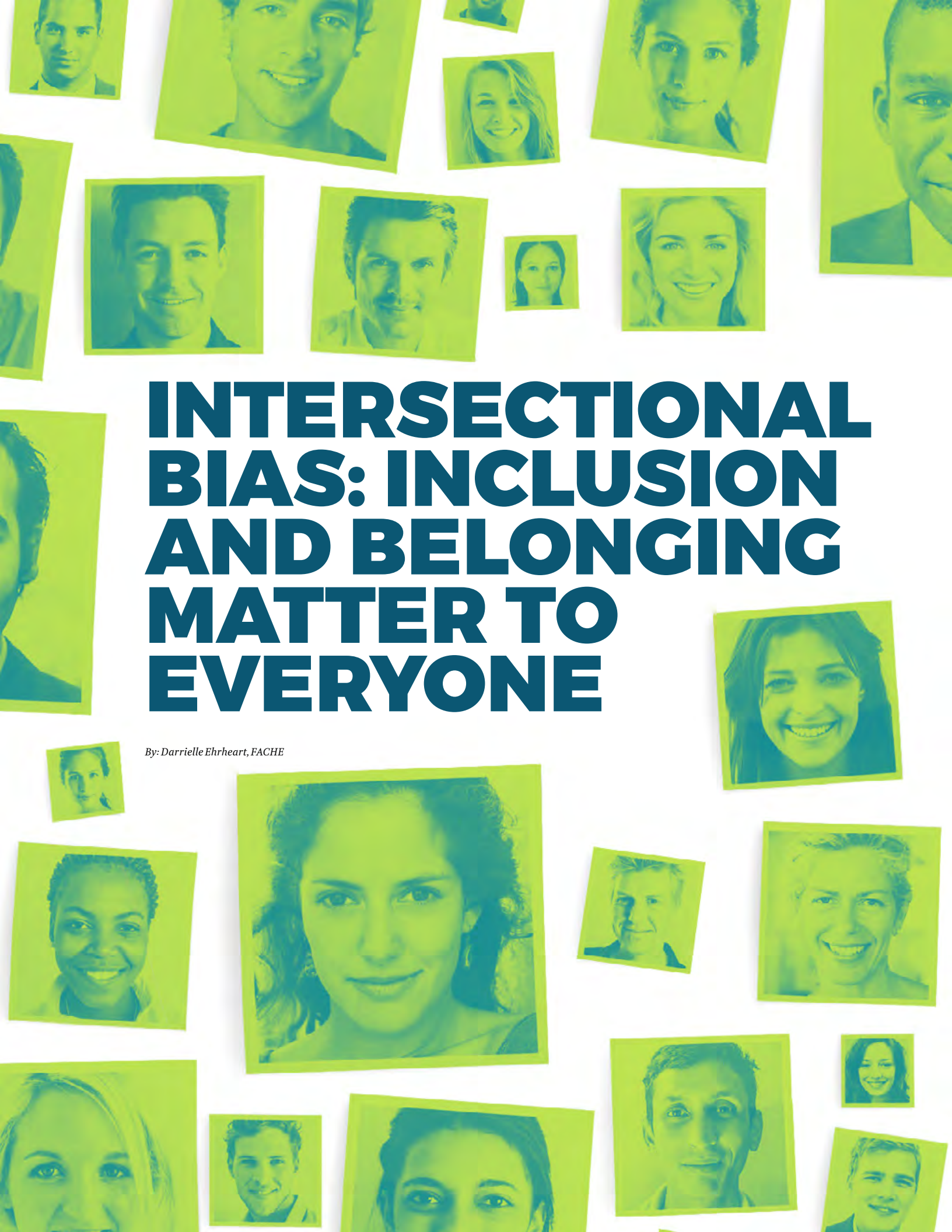
As clinicians for patients with serious mental illness, we would often be flummoxed by the social service needs of our clients. Some of us took the hard line that we provided treatment for mental illness and social services were not

within our purview. This dichotomy was made apparent when one of my clients showed up for her therapy appointment with swollen painful feet. On inquiring about her medical condition, she informed me that the edema was related to being homeless and sitting up in her car, having no safe place to lie down. The dilemma is obvious: Should I have been treating her mental health condition or her social service needs? The reality of this false dichotomy is that no hour of treatment can be effective when the patient spends the rest of her time living fearfully in a car, attempting to keep up the appearance of being "normal."

"Should I have been treating her mental health condition or her social service needs?"

The hierarchy of needs begins with shelter and food. Without these needs being met, there is little else that will work in the long term. The evidence is mounting: Compared to the general population, people who are homeless have a mortality rate four to nine times higher. If you throw into the mix a higher prevalence of mental health disorders, higher substance abuse, and higher use of emergency services, the social determinants of health far outweigh "treatment." Still, some continue to insist on "more treatment" as a panacea for homelessness. Housing is not just a social services issue but an essential part of health care.

There is a shift that is taking place in the hearts and minds of health care policymakers, a slow shift from a "pull yourself up by your bootstraps" approach to a more active "cross-cultural" understanding of the importance of meeting basic needs. These are the needs of the whole person, and they must be addressed if any treatment, any bending of the cost curve, or any innovation is to succeed. This change is also taking place with treatment providers who are seeing the need for engaging the client where they are, assisting in the goals and direction set by the client, and moving at their pace with continued support to motivate them as they slowly enter into treatment. This mindful supportive service approach then enables clients to move toward more independence and connection with others and ultimately toward contributing to their community. For those of us who are providers, we know that housing is only the beginning of a long journey for our clients, a journey that asks them to integrate and relinquish homeless "behaviors." It will not be treatment as usual for those emerging after years of being ravaged by homelessness. We stand as witnesses to their resilience on the road to recovery and continue to advocate for the "treatment" of the whole person.



INTERSECTIONAL BIAS: INCLUSION AND BELONGING MATTER TO EVERYONE

By: Darrielle Ehrheart, FACHE

I've had a number of topics bounce around my head over the last year but couldn't settle on one idea long enough to write something. And then I read an article on intersectional biases that has stuck with me and that I find to be a fascinating concept. These are biases that don't fit in traditional categories or stereotypes we all think of when we hear the term bias. Or stated differently, intersectional is when multiple bias are present. As stated by Brandon Miller, intersectionality by definition is the complex cumulative manner in which the effects of different forms of discrimination combine, overlap, or intersect.[1]

Just image how you feel toward a person who is Latin, older, male versus white, older, female. Who would you be more biased toward? Why? While each image falls into three different categories of traditional bias (race, age, gender), how you feel and react will be distinctly different depending on which bias holds more sway.

To complicate it further, our society has put such a stigma on having any biases that we have stopped having the discussion about how and why biases exist and being honest with each other about our reaction or response to different biases. Worse, when biases are discussed, it's usually through the lens of our media. The challenge with this is that we embody how we feel and carry these attitudes with us and it infiltrates into our daily work through our decision-making, relationship-building, and discussions.

Manifestation

Biases tend to be a result of our economic/social upbringing. As children we absorb the attitudes and beliefs of those we are around and institutionalize those beliefs into our own identity. Our behavior is the action of our beliefs. Traditionally known as stereotypes, these biases make sense of the world around us. Apparently, our ability to categorize, label, and evaluate this information is important to our survival historically. Further, we are also wired in such a way that we feel good when we belong to a particular group of individuals who are like minded.[2]

"our society has put such a stigma on having any biases, that we have stopped having the discussion about how and why biases exist..."

Given this, we can see how manifestation of bias in the workplace comes through in our decision-making, our relationships, and our discussions with those around us. Everyday, Managers and Leaders are faced with making decisions that, let's face it, can be unintentionally biased. We can't help ourselves, and because we don't take the time to reflect and ask ourselves if we are being biased in our decisions or have any thoughtful discussions on whether bias has infiltrated our decisions, we aren't being honest with ourselves about how these biases affect our perceptions and ultimately decisions. For example, do we give women who have straight hair more credibility and listen more intently in a meeting than women with curly hair?

Perceptional Bias

Thinking about the scenario above, how do you think each person would respond to perceived bias by others? How do you think they would respond to the possibility of being discriminated against? It's been shown that stigmatized individuals have more intense emotional responses that are shaped by the "possibility" of discrimination. And it's one thing to be discriminated against based on one stereotype/bias, but to be discriminated against for several biases only increases the intensity of the emotional response.

To broaden this intersectional concept further, would you be more biased against a black older man or a black young man? What about a black older transexual man? Or a black/Hispanic bi-racial gay woman? What if they were Persian or Muslim? How does your bias change? Have you noticed your biases changing? Our biases tend to prioritize themselves as we try to rationalize, categorize, and label what we see and how we feel. For example, if you see a young gay Hispanic female couple, are you going to discriminate against them based on sexual orientation? Or gender? Or race? Which one has a higher bias priority? How are they prioritizing their emotional responses to the possibility of being discriminated against? Are they going to assume you are more biased against them based on gender, race, or sexual orientation?[3]

Getting Ahead of Bias

So how do you move forward? First, understand that the future is intersectional. It's not just about traditional stereotypes anymore but multiple stereotypes. We need to consider other non-traditional biases against people who are multi-racial, transgender (or transitioning), from a non-traditional school, or from a non-traditional

family. Our future needs to place a high value proposition on inclusion in a multi-factorial arena and understand that uniqueness is important. It's important to our creativity, teams, and organizations. It is estimated that companies that have a diverse environment are at least 35% more productive, which means it's important for our organizations to be receptive to an inclusive environment.

Where to Start[4]

• Check yourself - Be honest and transparent about your biases (shocking I know). I've discovered that as I've become more honest with myself about my biases, I then can challenge myself when I see them materialize. For example, I saw a young man who "looked like the uni-bomber," but for all I knew, he could've been a software engineer making $300,000 a year slumming it on a day off. Moreover, while it's easier to group our biases into simplistic traditional stereotypes, it's also ineffective in addition to putting the person perceiving the bias in a higher emotional state as they grapple with the bias being perceived.

• Turn off your autopilot - Know your environment and be aware of your triggers. It would be wise to conduct a culture audit (either yourself or organizationally) to increase self-awareness (e.g., what makes you uncomfortable). Find out where the gaps are and educate yourself (and direct reports) on the importance of understanding what intersectional bias is and how to acknowledge biases when they occur.

• Be the hero - If we don't understand biases associated with intersectionality, then we can't create an inclusionary environment. Additionally, we need to be inclusive in a different way as we move forward. As leaders, it's up to us to create an environment of inclusion that acknowledges individuals with multiple intersections. This type of diversity has the ability to enrich our lives, both professionally and personally, by exposing us to what others experience and how they experience it.

As leaders we must look at the many situations we experience with a new lens. To do this, think about the term confirmation bias. This is the type of bias that occurs when we look at situations and selectively choose information to make determinations that feed our previous assumptions. It's also how we simplify problems to achieve singular conclusions even though there is no one solution. Additionally, this type of bias comes through in all kinds of situations. Confirmation bias and cognitive assumptions are how we fill in the gaps of what we don't understand or can't make sense of when we are exposed to something new or different. It's quick, easy, and doesn't require any thought in our fast-paced lives. What is unfortunate is that these biases and cognitive assumptions can either feed this cycle of exclusion, or we can take the time and rethink what we see and what we assume to enrich our teams and organizations. Just remember, inclusion and belonging matters to everyone.

References:

1. Miller B. Not All Your ___ Employees Have The Same Experience (April 15, 2019).

2. Paul AM. Where Bias Begins: The Truth About Stereotypes. Psychology Today (May 1, 1998).

3. Perez E. Building Intersectionality into your Hiring Strategy (April 5, 2019).

4. Wilson P. Here is How Leaders Can Overcome Bias: 3 Proven Tactics From Research (June 12, 2017).

NATIONAL NEWS | Q2

ACCESS TO CAREER RESOURCES CONTINUES FOLLOWING 2019 CONGRESS

Thank you to the nearly 100 volunteers who assisted hundreds of visitors to the Career Center at this year's Congress on Healthcare Leadership. With their help, we provided approximately 500 career advising and resume review sessions.

If you missed the 2019 Congress, you can still access leadership assessments and other career management tools year-round by visiting ache.org/CareerResources. The resources available can help you advance your career, build your brand, develop your network, and seek new opportunities. Whether navigating professional transitions or creating a long-term plan, everything you need to manage and develop every step of your career is a click away.

YOUR RESOURCE FOR CONSULTANT EXPERTISE

The Healthcare Consultants Forum Member Directory is an excellent resource to help identify a consultant who meets your needs and has a specific area of expertise. The consultants listed in the directory are members of ACHE and its Healthcare Consultants Forum and have agreed to be contacted by those seeking more information about their services.

Please contact Liz Catalano, marketing specialist, at ecatalano@ache.org or 312-424-9374 for more information.

SAVE $200 ON THE BOG EXAM FEE

When you submit your advancement application by June 30, the $200 Board of Governors Exam fee will be waived.

Earning the FACHE® is the gold standard for board certification in healthcare management, so obtaining this coveted credential signifies hard work, dedication, and commitment. We want to thank you for your efforts, which is why when you submit your completed application by June 30, along with the $250 application fee and all supporting documents, the $200 Board of Governors Exam fee will be waived.

If you are committed to standing out as a leader among leaders in healthcare management, learn about the requirements to sit for the BOG Exam and the complimentary resources available to help you prepare for it here.

CHOICE: ACHE'S TAILORED PROFESSIONAL DEVELOPMENT SERIES

Choice offers the ability to tailor ACHE's high-quality professional development programs, seminars, and assessments specific to your organization. This new customizable professional development series (formerly known as "On-Location") is designed to meet the educational needs and close the competency gaps within your group. Additionally, leading every ACHE program is a respected expert speaker, facilitator, or author with a real-world perspective.

Choice programming means that clients receive the professional development needed, where it is convenient and with a cadence that works best for their organizations. During the planning phase, clients have options for who, what, where, when, and how their programs are tailored. These programs, categorized in a meaningful way, focus on topics that affect executives and leaders in the healthcare industry today. Some of these topics include:

- Advancing Population Health
- Career Resource Management
- Care Delivery Management
- Employee Experience and Relationship Management
- Executive Leadership Coaching
- Fiscal Leadership and Management
- Governance
- Operational Advancement
- Physician Executive Partnerships
- Patient Experience and Consumerism
- Safety and Quality
- Technology and Information Analytics

As ACHE continues to advance both leaders and the healthcare management field toward excellence, we also strive to meet today's challenges with bold new solutions. Choice is an example of that. For questions regarding Choice programming, the topics listed above, or how we can help bring tailored professional development to your organization, please contact Catie Russo, program specialist, at crusso@ache.org or (312) 424-9362. Visit ache.org/Choice for more information.

RUN FOR ACHE REGENT

All Fellows who wish to run for election to serve on the Council of Regents must submit a letter of intent to elections@ache.org by Aug. 23. The letter of intent must include a current business title, business address, email address, and telephone number.

The Council of Regents is the legislative body representing ACHE's more than 48,000 members. Serving as an elected official is a unique opportunity that allows you to exercise your leadership ability, share innovative ideas, and act on behalf of ACHE members.

Elections will be held in the following jurisdictions:

Arizona
California—Southern
Canada
District of Columbia & Northern Virginia
Florida—Northern & Western
Georgia
Illinois—Metropolitan Chicago
Maryland
Michigan & Northwest Ohio
Minnesota
Missouri
Montana
Navy
Nebraska & Western Iowa
Nevada
New Jersey—Northern
New York—Northern and Western
North Carolina
North Dakota
Ohio
Pennsylvania
Pennsylvania—Southeast & Southern New Jersey
Puerto Rico
South Carolina
Tennessee
Texas—Southeast
Vermont
Virginia—Central
Washington
Wyoming

Visit the Official Notice for the 2019–2020 Council of Regents Elections for more information, or contact Caitlin E. Stine, communications specialist, Department of Marketing, at cstine@ache.org.

RESEARCH SOLUTIONS SOUGHT FOR 2020 CONGRESS

Authors can submit proposals to present their research at the annual Forum on Advances in Healthcare Management Research during next year's Congress on Healthcare Leadership. The lead presenter of each selected proposal will receive a complimentary registration to Congress. Please visit ache.org/Congress/ForumRFP.cfm for the selection criteria and submission instructions. Submit your abstract, of up to 400 words, by July 10.

ARTICLES OF INTEREST | Q2

HOSPITALS MUST FOCUS ON SCALE TO COMBAT NEW COMPETITORS

Today, hospitals are struggling to hold onto their outpatient business in the face of new competitors that have the scope and technological capability never before seen in healthcare.

UnitedHealth/Optum and CVS Health/Aetna are aiming to unbolt outpatient business from legacy hospitals. Amazon, Apple, and Google are investing heavily in healthcare from numerous angles, looking for the most effective entry points to care and services. Hospital organizations are doing what any company would do when confronted with a highly disruptive environment like this: They are trying to gain financial and intellectual resources to compete in a new world.

Hospitals are making this transition in the face of a difficult financial reality. Moody's Outlook for 2019 projected that revenue growth for hospitals would continue to decline under pressure from weak inpatient volume and low reimbursement payments. At the same time, expenses would continue to grow faster than revenue. In this situation, the normal response of any company in any industry would be to seek scale in an effort to meet this new level of competition and adjust to an emerging business model. That is exactly what is happening among hospital stakeholders. "Bulking up" is a logical response.

Organizations need to grow along with everyone else. The scale will help ensure that America's hospitals can keep pace—that they can continue to build on their deep community connections, expertise treating the full range of health conditions, and history of serving our most vulnerable populations.

The scale will be critical, but it is not an end in itself. The scale is a means to gain intelligence—to get the best intellectual capital, to tap information about a vast group of people, to test new ideas, and then to weigh those ideas. Nevertheless, the scale is the platform that will allow hospitals to acquire the resources—such as more working and intellectual capital and significant digital capabilities—to compete in this brand new healthcare marketplace.

—Adapted from "Why Hospitals Must Seek Scale," by Kenneth Kaufman, KaufmanHall.com, Dec. 20, 2018.

BECOMING A VISIONARY LEADER AT ANY ORGANIZATIONAL LEVEL

Creating a unifying vision for their organizations is a fundamental skill for leaders. However, building that vision has become more associated with top-level leadership than with directors, managers, and others throughout the organization. Consider these critical vision-creation opportunities, each of which can propel your professional development:

Helping the CEO Shape the Company's Vision
Good senior leaders know they are missing critical information as they are typically removed from many customer experiences and operational realities. Being a conduit of the insights and experiences of others who will be touched by the work can help senior executives improve that

sense of connection. Further, raising your hand to volunteer your own perspective in collective problem-solving opportunities helps you develop your own vision-creation abilities.

Translating the Company Vision to Make it Relevant for Your Team

Even if you do not have the chance to help shape early drafts of your company's vision, if you are a leader at any level, you will likely be directed to work with your team to translate that vision. Though on a smaller scale, this in itself is "vision crafting" and it will benefit from the same kind of broader perspective senior leaders themselves will want to seek. Even if you are simply "translating" vision from the upper part of the organization, take some time to solicit ideas from other parts of the company that also have a stake in your unit's performance aspirations, being sure to crosscheck your translation with those senior leaders guiding the overall vision.

Catalyzing Your Own Vision

Sometimes a new company vision does not begin in the C-suite but instead bubbles up from lower-level leaders already using it to drive innovation and change in their own units. Your organization may not be ready for—or even sympathetic to—bottom-up vision development. However, the need for continual innovation in today's operating climate may give you the opportunity to promote new ideas from your own local experiences that can demonstrate the potential for broader growth and even reinvention in your company.

Getting Yourself Into the Vision Game

Here are a few tips to position yourself for vision-building moments:

1. Get a clear idea of what a vision is and why it matters. Do not confuse vision (an aspirational picture of future success) with mission (why an organization exists), values (the principles and moral beliefs by which the organization chooses to operate), or strategy (the decisions about where and how to compete that bring a vision to life).
2. Watch for opportunities to contribute. Contribute to the vision-work underway by other leaders. Translate an agreed upon enterprise vision down to the unit you are leading, or focus the work of your team on a local or regional vision. Catalyze innovative change for the organization based on some front-line innovation in which you are involved.
3. If you find a vision-building opportunity, do not do all the deciding alone. Just as a senior leader might benefit from seeking your contributions to a major corporate vision, share the process with others working with you in any of your own vision-building. It will sharpen your collaboration skills as well.
4. Learn by watching or studying how others go about the vision-building process. Talk to other leaders about visions they have developed to understand how and why those visions turned out the way they did. Study visions of companies documented in the business press or learn from partners or clients about the visions they have for their organizations. You will better understand what makes for successful vision-building, which you can then bring to the next opportunity in your own organization.

Because developing a vision for an organization sets the stage for strategy and higher performance, it will always be seen as an essential capability for top leaders. However, this does not mean that vision is always above your paygrade. Visioning requires practice, and there is no better way to get that practice than by building your craft through smaller or sudden opportunities to make a contribution that comes your way.

—Adapted from "You Don't Have to Be CEO to Be a Visionary Leader," by Ron Ashkenas and Brook Manville, Harvard Business Review, April 4, 2019.

WELCOME AND CONGRATULATIONS

New Members

MARCH

Name	City
Ali G. Bassiri, MD, MBA	Los Altos Hills
Rachel Coicou	
Barry C. Eneh	Palo Alto
Daryn Kumar, MBA	Carmichael
Collin McLaughlin	Watsonville
Justin P. Miller, MBA	Modesto
Scott P. Neeley, MD	Stockton
Lena Nilsson	
Derek Pickens	Walnut Creek
BG Todd A. Plimpton	Portola
Amber Theel	
Jill S. Vohs, MAOL	Napa
Detrach Williams	Sacramento

APRIL

Name	City
LCDR William Agbo	
Liliana Caicedo	Lakeport
Kelly Forman	
Catheryne B. Glascock	
Virginia T. Hodge, RN, MSN	San Francisco
Mary Jameson	
Neil R. Lawande, MD	San Jose
Jared W. Leavitt	Bakersfield
Jacqueline Lebihan	Petaluma
Adan Martinez	Ridgecrest
Roopa M. McNealis	Palo Alto
Mandy Mori	
Dipti Patel-Misra, PhD	Alamo
Beatriz M. Qura del Rio, BS, MHA	
Anna Sellenriek, MBA	San Anselmo
Nazmin N. Shah	
Sonya Todorova	
Damaris N. Valera	Fairfield

MAY

Name	City
Jennifer Berg	
Alexis Chettiar, PhD	
Rebecca Claure, MD	Palo Alto
SSgt Veronica Collins	
Kim Colonnelli, RN	San Rafael
Caitlin Crooks	Palo Alto
Lela DeBaptiste	Lincoln
Laurie Eldridge	Placerville
Robert Folden, MBA	Redding
Joshua J. Freilich, RN	Folsom
Maya M. Greenfield	Oakland
Jasmina Hamidovic, MHA	
Robert Henehan	
Clair Kuriakose, MBA, MS, PA-C	
Kristin Linden	
Troy R. Logan	Oakland
Alisha Blau Miller	Campbell
Christopher Moore	
Kiara M. Moseby, MBA, MHA	SAN LEANDRO
Estee Neuwirth	Oakland
Michelle P. Nguyen	Elk Grove
Liane Nicolas, RN	
Kabiru O. Ohikere, MD, MHA	Oakland
Srinivas Ravipaty	
Daniel E. Ryan	
Michele Shain	
Sylvester Singh	Union City
Todd Smith, MBA	
Jean Stroud	Palo Alto
PO2 Robert Thompson, BS	
Yohan Vetteth, MBA	

JUNE

Name	City
Shane D. Waugh	

Fellows

MARCH

Name	City
Edmundo C. Castaneda, FACHE	Sacramento
Ehren Hawkins, MHA, FACHE	Chico

APRIL

Name	City
Matt Joslin, FACHE	Fresno

MAY

Name	City
Rendi L. Solis, MSN, RN, FACHE	American Canyon
Kelly V. Wittmeyer, FACHE	Roseville

Recertified Fellows

MARCH

Name	City
Michael G. Brokloff, FACHE	Roseville
Jeff M. Conklin, FACHE	Roseville
Raymond T. Hino, FACHE	Chico
Baljeet S. Sangha, FACHE	Oakland
Carole Wilson, FACHE	San Mateo

APRIL

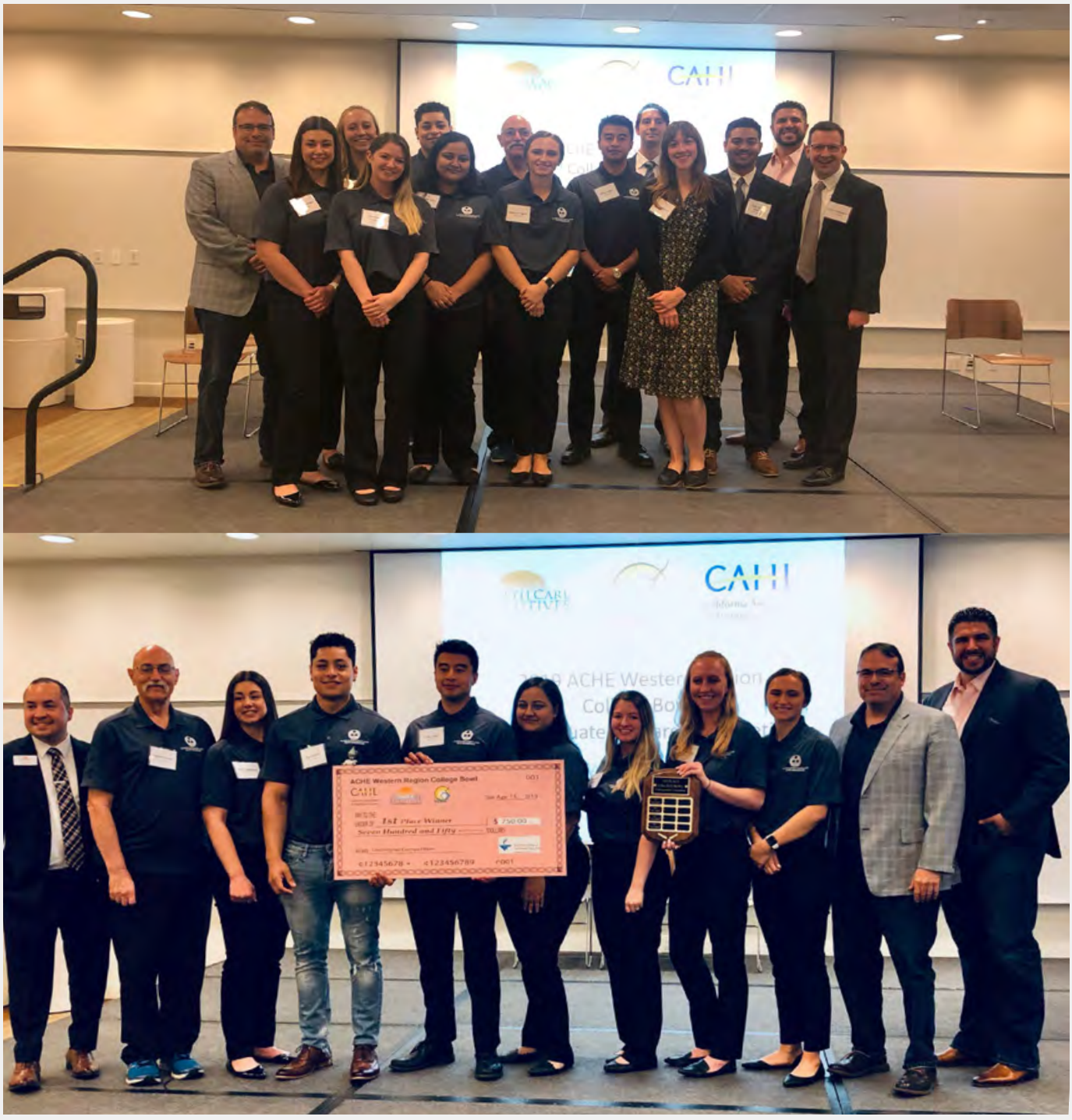
Name	City
Jeff Eller, FACHE	Santa Rosa
Priscilla S. Javed, RN, FACHE	Oakland

MAY

Name	City
Tracy G. Geddis, FACHE	Vallejo
Kecia M. Kelly, DNP, RN, FACHE	San Francisco
Ann N. Kern, RN, FACHE	Salinas
Michael A. O'Connell, FACHE	Newark

CAHL EVENTS

2019 WESTERN REGION COLLEGE BOWL



LEARNING FROM LEADERS WITH GREG MAYNARD M.D., M.S., M.H.M., MAY 24, 2019

UNDERSTANDING IMPLICIT BIAS AND ITS IMPACT ON HEALTHCARE LEADERSHIP, MAY 16, 2019