

**Community-Campus Partnerships for Health
Board Meeting Minutes
March 11-12, 2005 ~ Chicago**

Present: Chris Atchison, Cee Barnes-Boyd, Renee Bayer, Diane Downing, Elmer Freeman, Bobby Gottlieb, Ella Greene-Moton, Daniel Korin, Dennis Magill, Richard Redman, Monte Roulier (March 11 only), Douglas Simmons and Terri Kluzik

Staff: Sarena Seifer

DISCUSSION OF ENDS

Topic: Achieving the future we want to see

Discussion: The board framed its discussion around each of the questions below.

What will community-campus partnerships will look like 5 years from now?

- The current challenges to partnerships are resolved and partnerships are a “standard way of doing business.”
- The CCPH principles of partnerships are “alive and applied.”
- There are lots of examples of great partnerships with lessons for others to learn from.
- Authentic partnerships will exist.
- Partnerships are building the capacity of the community-based organizations so that they are increasingly stable.
- There are many success stories and victories for reducing health disparities.
- Cultural changes are realized within institutions and communities. Institutions and communities are transformed.
- There are clear tenure-track guidelines for faculty that recognize and reward community-engaged scholarship or...tenure is abolished.
- Service-learning is a standard part of the education of all students.
- Service-learning is a standard component of all partnerships.
- There is solid evidence for how partnerships reduce health disparities.
- The science base is elevated on partnerships and their value.
- Policymakers accept partnerships as the preferred means for achieving results.
- Partnerships are well funded.
- Many “request for proposals” support community-based participatory research
- Many organizations embrace our ends and vision.

What will CCPH have accomplished 5 years from now?

- We have a well articulated and achieved vision for partnerships.
- We have active partnerships in every major metropolitan area, state and province.
- We are recognized as the “repository of choice” on best practices in partnerships.
- We are well funded with at least 6 months in reserves.
- We have a solid business plan.
- We are a vibrant organization with active, involved members.
- We have clearly defined marketable products and venues for sharing “lessons learned” and innovations.
- Our membership has tripled in size.
- All partnerships are members of CCPH.
- Diversity is reflected at all levels within CCPH (e.g., board, staff and members).

- Our annual meeting is recognized as the most respected forum for discussion of best practices in partnerships.
- We are a venue for cutting edge discussion and innovation.
- People are clamoring to be on our board.
- Community members and students are active members and participants.
- There is a continually growing pipeline of students and community members into CCPH and the board.
- We are continuing as trend setters (e.g., our contribution to the field of CBPR).
- We facilitate trends in partnerships.
- We are the catalyst for non-traditional partnerships.
- We have partnerships with major associations related to our core concepts and values.
- We are a resource and technical advisor on the “how to” of partnerships.
- We have a strong and trusted voice in policy development and advocacy

What do we need to do to achieve our vision and these accomplishments?

- Increase the visibility and accessibility of CCPH “beyond the choir.”
- Convene advanced partnerships to envision the future of partnerships.
- Develop a network of community partners and guidance for how and why to get involved.
- Have clearly identified benefits for members, including for institutions to join as organizations.
- Have more members join as organizations.
- Provide more opportunities for member involvement, development and leadership. For example, create member action teams around specific interest/focus areas.
- Create connections on a regional level - raise funds to support regional networks, create a resource packet on how to develop regional activities.
- Engage more students and community partners.
- Have a clear message and way to define ourselves and our products/services.
- Generate income through branding and franchising of our products and services.
- Sponsor and co-sponsor related conferences and workshops.
- Become more political - not as a traditional lobbying organization – but focusing on institutions and funding agencies as targets of change.
- Take action on issues.
- Pursue supportive policy changes.
- Surface and identify best practices and advocate on their behalf.
- Have a substantial presence in settings where community-based and interdisciplinary practice takes place.
- Increase activism through member-generated white papers that are focused on mobilizing members and taking action.
- Advocate our positions clearly.
- Formalize CCPH’s relationships into partnerships – for example, solidify and formalize our relationship with HUD’s Office of University Partnerships, NIH National Center for Minority Health Disparities.
- Obtain the endorsement of key stakeholders “and angels”, perhaps formalized as a high-profile advisory group.

The discussion around the first two questions is clearly related to our Ends and the board’s role as the policy governing body of CCPH. The discussion around the last question is more focused on the means by which CCPH pursues our Ends and is appropriate for staff to consider.

Action:

- The board will review the notes from the discussion around the first two questions for any changes/clarifications needed in our Ends and measures of progress reported in Ends Monitoring Reports.

- Staff will review the notes from this discussion as they develop the CCPH's strategic plan of action for achieving our Ends and priorities for the next five years.

Topic: What do we mean by community?

Discussion: The board examined the meaning of "community" in community-campus partnerships in order to clarify our ends, clarify our community ownership and determine what information we need to know from our community owners and how we will obtain it. To help jump-start the discussion, Elmer prepared a handout on different definitions of community. In discussing the meaning of community, board members made these points and observations:

- We can't come up with a succinct definition of community – we need to know when to use different definitions.
- A generalized definition is needed that covers all aspects of a community.
- Who owns the problem and who owns the solution? People presume what the problem is and who the community is.
- Defining "community" is a process of asking questions. For example, are those most affected by the problem at the table, are community residents at the table, how is the grassroots community involved? Who is at the table and who has a voice in decision making?
- A person's status as a community member or representative can change over time. For example, a community resident who then is employed by the University to be a community-academic liaison. Are they a community or institutional representative?
- The definition is often situational or opportunistic.
- There needs to be a dynamic and active definition of community.
- Too often, the definition of "community" is determined by a passive process/entity outside of the community (e.g., by a funding agency, an institution in a grant proposal).
- Community is defined by the purpose of the activity, by who has a stake in the issue being addressed.
- We would be better served by "criteria for how a community is defined" rather than an absolute definition of community.
- "Academia defined me as the community."
- Problem-solving partnerships need to involve three groups: the owner of the problem, the persons affected by the problem and those with the solution.
- Institutions can be "the community" in certain situations. Grassroots organizations and community residents can be "the community" in certain situations.
- People get very defensive and accusatory about the definition of community, who represents the community, who "is" community.
- In practical terms, it can be challenging to meaningfully involve community residents. There are many barriers to their full participation, including community-based organizations that may view themselves as representing the community. We should be constantly striving to eliminate these barriers and to engage community residents, community activists and grassroots organizations.
- People who are tapped into the people being served should be engaged.
- There are "concentric circles" that define community. Residents are at the center, encircled by community and faith based organizations, encircled by health departments and academic institutions.
- It is important to identify and engage those people and organization who can speak for the community.
- For the purpose of a partnership board, or CCPH for that matter, the board should reflect the members and constituencies being served.
- The definition of community can be different in rural and urban settings.

Action:

- The board decided against adopting an actual definition of community. Rather, they agreed to acknowledge the ambiguity and the diversity of perspectives reflected in the discussion.
- The board agreed that the definition of community and who reflects or represents community in a partnership involves an iterative process of asking critical questions around who should be at the table, do we have all the right people at the table?
- Sarena and Elmer will draft a statement about community for the board's consideration at the next meeting.

Topic: Revisiting the CCPH principles of partnership

Discussion: The board revisited the CCPH principles of partnership, adopted by the board in 1998 after an iterative process with CCPH members, conference participants and interested others. The principles have served a foundational role in CCPH. In revisiting the principles, the board agreed that it may not be necessary to revise them. Board members made these points and observations

- The principles do not speak directly to addressing both community needs and academic needs.
- The principles do not mention anything about being prepared to tackle tough issues that can arise in partnerships, like racism, and differences in power, resources and access to resources among partners.
- Principles should be "high level" and provide guidance without being proscriptive.
- There are things that people call partnerships that aren't partnerships – a short term relationship, isn't a partnership.
- The partnerships we're most interested in are central to the core mission of the partners and not trivial. The principles do not mention how partnerships must be tied to core missions, even as they can be opportunistic and issue-oriented relationships.
- Short-term partnerships can be vehicles for developing long-term relationships.
- The principles should be explicitly about community-campus partnerships that improve the health of communities.
- It is not clear how to operationalize, measure and quantify the principles.
- Partnerships can be marked by multiple collaborations.
- The principles could be tightened around the level of commitment required.
- Should the principles specify that a signed, written memorandum of understanding or compact be in place? This is an important accountability mechanism.
- We need input from our owners on the principles. Should each board member consider engaging a handful of people in a dialogue about the principles and how they are reflected (or not) in their partnerships, and bring the discussion back to the board? Or perhaps an e-mail survey? However we gather input, it will be worthwhile.
- Partnerships may involved multiple collaborations.
- Partnerships take time to evolve and can dissolve. It's ok for a partnership to cease to exist at some point (e.g., when its mission has been accomplished, when the priorities of the partner organizations have changed).

Action:

- Richard volunteered to send out an email to board members prior to the next board meeting, reminding them to solicit comments and suggestions on the principles from their colleagues, and partners, and to lead a discussion at the next board meeting.
- Renee mentioned 4 things looked at in her partnerships not reflected in the principles and will send to Richard to compile with other comments.
- Cee offered to share a report card based on the principles that she uses in her partnerships.

Topic: Report on Kellogg Seminar

Discussion: The Kellogg Foundation celebrated its 75th anniversary by sponsoring a seminar in February 2005 on "Racial and Ethnic Health Disparities: Schools of Public Health as Engaged

Institutions.” CCPH was well represented at the seminar, with Sarena and board members Bobby, Cee, Ella and Elmer all in attendance. Sarena also served on the planning committee and Elmer was an invited speaker. During the closing session, Marguerite Johnson, the Foundation’s Vice President for Health Programs, invited Susan Scrimshaw (Dean of the University of Illinois School of Public Health and officer of the Association of Schools of Public Health) and Sarena (as executive director of CCPH) to join her on the podium in announcing the Foundation’s intention to award grants to ASPH and CCPH to continue work begun at the seminar. [Note: At the time of the board meeting, both proposals were pending at the Kellogg Foundation but have now been funded].

Bobby, Cee, Ella, Elmer and Sarena reflected on the experience and were joined by other board members in making the following observations:

- The tremendous passion for eliminating health disparities – and in particular through community-campus partnerships – was evident among Kellogg Foundation trustees and staff.
- The seminar clearly advanced the idea of bringing universities into the heart of the community.
- Although the seminar purported to recommend an ecological approach to eliminating racial and ethnic health disparities, its exclusive focus on schools of public health was a serious limitation. Other health professional schools, and indeed entire campuses, need to be engaged.
- The fact that this seminar happened raised the bar of accountability for schools of public health. With the tremendous amount of public investment into schools of public health, they need to be held accountable for their priorities and outcomes.
- The seminar was an important step in the right direction, but we now need to support local communities in their struggles to engage universities as partners: providing resources, advocacy, hiring from the community, community and economic development, English as a second language.
- Schools of public health need to be engaged as catalysts on their campuses around the elimination of racial and ethnic health disparities. The newer schools of public health have a “leg up” in this regard.
- The leadership of schools of public health needs to take responsibility for the health of the public, and to collaborate with other leaders on campus and in the community to address the issue of health disparities. This can be viewed as an ethical obligation.
- Schools of public health do not often see their mission includes preparing the future public health workforce.
- The seminar is already having an impact. For example, the University of Texas School of Public Health in Houston has a new dean who is initiating a conversation about community-based research.
- Key concepts were not mentioned in the background document prepared for the seminar. For example: the need for self-reflection, the ethical obligations of universities, the need to empower communities.
- We need to capitalize on the strengthening relationships between the Foundation, CCPH and ASPH.

Action

- Sarena will draft a memo from CCPH to the Kellogg Foundation thanking them for the opportunity to be involved and encouraging them to fully embrace the ecological model by broadening their perspective beyond schools of public health.

LINKING WITH OWNERS

Topic: Community perspectives on community-campus partnerships

Discussion: The board met with community partners of the UIC Neighborhoods Initiative, who shared their partnership experiences and lessons learned.

BOARD GOVERNANCE

Topic: Board member transitions

Action:

- Board members recognized Kay's contributions to the board and are sending her a plaque in recognition of her board leadership.
- Board members recognized Terri's contributions to the board and presented her with a plaque in recognition of her board leadership and her service on the board since CCPH's inception.

Topic: Board terms

Discussion: The board raised a number of critical issues for discussion and action concerning board terms:

- We should be using the policy governance terminology of "chief governance officer" rather than "board chair."
- Monte, our last founding board member, will be leaving the board when his final term ends in Fall 2006. With his departure from the board, we will be losing his organizational memory, and also our resident expert on the policy governance model (the board invested in Monte taking a week-long training in the policy governance model several years ago and has been relying on his knowledge of the model and his group facilitation skills ever since!). We need to identify other board members who can take on this role.
- Elmer, who is finishing his term as chair, is scheduled to complete his second and last board term at the same time. This is the first time we've had such a situation. Normally, the immediate past chair, chair and chair-elect comprise the "executive committee" of the board and develop the agenda for subsequent board meetings. (In the policy governance model, we don't actually have an executive committee). Having the immediate past chair remain on the board for at least a year is critical to effective board leadership transitions, board continuity and historical memory, etc.

Actions:

- The board unanimously voted to renew the board terms for Diane and Ella. Douglas made the motion and Dan seconded it.
- The board unanimously voted to appoint Ella as the board chair-elect. Douglas made the motion and Renee seconded it.
- The board unanimously voted to adopt the governance policy on board terms, which specify that in cases like that mentioned above, the term of the immediate past chair is extended for one year. Douglas made the motion and Ella seconded it.
- With Elmer's agreement, the new policy on board terms will apply to him and he will remain on the board for another year (his term will end in Fall 2006).
- Sarena will change the CCPH bylaws to reflect the new policy.

Topic: Board member recruitment

Discussion: The board discussed priorities for new board member recruitment, including what perspectives are missing from the board and what strategies should be pursued to achieve these priorities and perspectives. These points were raised during the discussion:

- There were differing opinions on whether to include a complete curriculum vitae (CV) as part of the board application. For academic applicants, it can run to 20 pages or longer. Some board members felt that it is helpful to have a full CV to see the full range of an applicant's career and activities. Others felt it should be limited to 3 pages.
- Having a current description of one's job, scope of work or current projects could be helpful.
- A priority should be placed on recruiting board members who are community members – for example, a consumer board member of a federally qualified health center. The term “grassroots community member” was felt to not resonate in some urban communities.
- A priority should be placed on recruiting board members who have experience and/or expertise in fundraising, community organizing.
- We want a diversity of ideas on the board.
- The board needs perspectives from a wider range of disciplines. However, not to “represent” that discipline, as board members do not represent particular constituencies.
- We need to pay attention to geographic distribution of board members. For example, board members from the West Coast.
- We should leave open the question of how many people we are aiming to recruit for the board. Let's see the quality of the candidates and then decide. However, we need to keep in mind that board recruitment is a labor intensive process and if possible it is better to bring on more new members at one time than less.
- In addition to an open process of board recruitment, we should also make “strategic invitations” to several individuals to consider joining the board.
- A question was raised about whether the University of Washington should be represented on the board, but it was determined that this was not necessary.

Actions:

- Renee, Daniel and Bobby volunteered to serve on an ad hoc board recruitment committee. Other board members will be invited to join the committee as the first call is being scheduled. Among its responsibilities, the committee will propose individuals who should receive “strategic invitations” and solicit board approval for moving forward on these.
- The board application will ask applicants to identify their interests, background, perspective and primary organizational affiliation. Applicants will be asked not to apply if they are not available for the board meeting dates already known (September 2005 and May 2006).
- The board recruitment materials will be explicit about our desire for board members with these perspectives/areas of experience or expertise: community-based and faith-based, policy and advocacy, student; community and economic development, and fundraising.
- Board members will personally tailor and target the board recruitment information to individuals they would hope to see apply. In doing this, they should keep in mind the above-mentioned priorities for new board members.

Topic: Agenda items for future board meetings

Discussion: The board generated a list of possible agenda items for the next board meeting, below.

- New board member orientation
- Ends and financial monitoring reports
- Report from the board ad hoc business model committee
- A discussion of our Ends and Owners around the topic of “what do we mean by participatory?”
- Conversations with community-based partners of Wellesley Central Health Corporation and the University of Toronto
- The principles of partnership

- Statement on what we mean by community
- If there is time, a presentation/discussion of the funding of the Canadian systems of health care and higher education

Actions:

- Ella, Elmer and Renee will develop the agenda for the next board meeting.
- Staff will work with Dennis and Wellesley Central Health Corporation staff on local logistics and the engagement of local participants.

Topic: Board member commitments over the next 6 months

Discussion: The board discussed “what question, issue or area of focus will you work on over the next 6 months to help CCPH continue moving in a positive direction?”

Actions:

- Daniel – To discuss seriously the word “participatory.” It is a buzzword that can be an empty concept. He will go back and look at the origins and meanings of the word for discussion at a future board meeting.
- Terri – To work more on how to advance CCPH’s role in initiating, supporting and sustaining institutional change. She sees CCPH as a genuine resource to academic institutions as they move toward becoming more engaged in their communities.
- Douglas – To invite greater participation of people from the community on the CCPH board as we embark on the new board recruitment process.
- Dick – To capture the passion of the community partners we met with during the board meeting and help to disseminate that to communities and institutions across the country.
- Chris – To take a strategic approach to the sustainability of CCPH. CCPH is a “young adult” and is becoming more prominent in community and university engagement. He will work with Sarena and the board to help define what the organization does best and develop a business plan.
- Cee – To continue working toward cultural change within the university and pushing on the definition of “community” to not only include community-based organizations but also neighborhoods and community members.
- Ella – To use her influence to help nurture the community visibility and membership within CCPH. To “get serious” about the funding possibilities (including earned income strategies) and membership recruitment.
- Elmer – To help CCPH develop membership and product lines and to “make people pay” for services they are currently accessing for free. At this stage of CCPH, people are accessing the information and it is being used – it is an opportunity to engage them to invest in the organization as paying members.
- Bobby – To help define what CCPH does best and to help market the organization. “We are at a certain level of fragility but also great potential and niche for CCPH.”
- Renee – To help understand and articulate the special place held by CCPH and the value we provide.
- Diane – To recruit additional community members to serve on the board.
- Dennis – To help develop a business plan for CCPH and secure funding for the organization.

Actions:

- Board members pledged to continue to challenge themselves with this question and report on it during each board meeting: “what question, issue or area of focus will you work on over the next 6 months to help CCPH continue moving in a positive direction?”

POLICY MONITORING

Topic: Ends monitoring report

Discussion: The board discussed the meaning of our Ends statements around having resources, knowledge and policies in place that support community-campus partnerships. Observations made included:

- CCPH is itself a resource.
- We may need to consider prioritizing and focusing on which resources, knowledge and policies we are aiming for.
- Each board member has the responsibility of scanning the environment and bringing that knowledge back to board deliberations.
- There are no clear performance standards for how well CCPH is achieving our Ends. The measures presented in the Ends Monitoring Report are “not the perfect, but the good enough.”

Action:

- In discussing the meaning of these Ends statements, the board decided against “drilling down” and being more specific about what resources, knowledge and policies should be in place.
- The board unanimously approved the monitoring report on ends 1 a, b and c. Douglas made the motion and Terri seconded it.

Topic: Financial condition and activities monitoring report

Topic: Financial planning and budgeting monitoring report

Discussion: Several observations were made, and questions raised and answered during the discussion:

- We don’t have any lawyers on the board. Do we have a lawyer? Answer: Yes. Bryan Cave LLC has been our law firm since we first applied for tax-exempt status.
- Do we have Directors and Officers insurance? Answer: Yes. We carry \$1 million in D&O insurance, the recommended amount for our size and activities.

Actions:

- The board unanimously approved both monitoring report (financial condition and activities policy, financial planning and budgeting policy). Renee made the motion and Douglas seconded it.

Topic: Sustaining CCPH: A Strategic Discussion

Discussion: Using the board meeting handout “Taking Community-Campus Partnerships for Health to the Next Level of Organizational Capacity & Impact” as the starting point for discussion, the board considered the challenges to sustaining CCPH and strategies for sustainability. The handout was based on a recent capacity-building proposal submitted to the WK Kellogg Foundation that did not get funded. During the course of the discussion, board members reflected on CCPH’s accomplishments, results, challenges and future directions and began to develop a plan of action. Observations made included:

- The proposal demonstrates how CCPH has been a phenomenally successful organization, begging the question of: what do you need us (funding) for?
- In some ways, our success is the problem. We have been successful at raising project-specific funding and carrying out those projects, but what is missing is core operating support.
- We need a business plan that clearly articulates “product lines” that we own and can sell. We need to look at a whole variety of earned income strategies. The Public Health Foundation is an example of an organization that successfully turned itself around from project-to-project funding to identifying product lines and having an endowment.

- We should be working towards building a reserve fund and raising an endowment. Perhaps we need to devote a portion of membership fees toward these goals?
- We should take a look at our policies around building reserves and/or an endowment over a specified period of time.
- We could be bringing in significantly more revenue through membership fees. Most of our members are individual members. Institutions need to “step up to the plate” and invest in CCPH as organizational members. Perhaps we need to think about raising membership fees or eliminating individual membership altogether?
- As we further develop our membership base in Canada, and our relationship with Toronto-based Wellesley Central Health Corporation, we might consider exploring with Wellesley the possibility of its devoting staff time and office space to “growing CCPH” in Canada.
- We could be marketing ourselves more aggressively to foundations. For example, as a training and technical assistance provider to their grantees, as a national office for demonstration programs.
- There is a tension between the revenue-generating potential of academic institutions and our desire to be more attentive to the community capacity-building ends we seek to achieve.
- Could we look at developing a fellowship program in which individuals or their employers pay to participate, to gain access to thought leaders, cutting edge information and professional development? For example, a fellowship program designed for academic administrators who are responsible for community-university partnerships.
- There are funding agencies we haven’t tapped into that may be interested in our work around community-based participatory research and health disparities. Those specifically mentioned include Aetna and Blue Cross/Blue Shield Foundation.

Action:

- Chris is on the advisory board for a Pfizer Public Health fellowship program and will follow-up with Barbara DeBuono there about program management opportunities for CCPH.
- Diane will follow-up with Sue Hassmiller at the Robert Wood Johnson Foundation about how we might position ourselves to be a national program office.
- Dennis will follow-up with Rick Blickstead, CEO of Wellesley Central Health Corporation, on his idea of having Wellesley devote staff time and office space to “growing CCPH” in Canada.
- Ella, Elmer, Chris, Dennis, Renee and Cee agreed to serve on an Ad Hoc Committee to examine different business models for CCPH; identify “product lines,” earned income strategies, unrestricted funding sources and fundraising strategies. The first call is scheduled for April 7 at 8 am PST. [Note: During the call, the committee decided that with its focus on the “means” of a business plan and strategies for fundraising/revenue generation, this committee should be an advisory committee to staff and not a board committee].