

**Community-Campus Partnerships for Health
Board Meeting Minutes
October 3, 2003 ~ Boston, MA**

Present: Renee Bayer, Diane Downing, Ella Greene-Moton, Elmer Freeman, Terri Kluzik, Daniel Korin, Richard Redman, Monte Roulter, Douglas Simmons, Tom O'Toole, and April Vestal. Via telephone: Kaytura Felix-Aaron and Paul Freyder.

Staff: Sarena Seifer

ENDS

"We must become the change we want to see."

Gandhi, as quoted by CCPH board member Ella Greene-Moton during the meeting

Topic: Ends Monitoring Report

Discussion: The board favorably reviewed the brevity, readability and appropriateness of the report. They thought, however, that perhaps the report was "selling the organization short" by not explicitly acknowledging our niche as achieving our ends through community-campus partnerships. They recommended relying less on external evidence of achieving our ends, and more on evidence that is directly tied to CCPH programs and actions. For example, how has our membership matured? How have participants in our conferences, institutes, etc. strengthened their partnerships?

Action:

- The board unanimously accepted the Ends Monitoring Report with the changes recommended for future Ends reports. Tom made the motion and Paul seconded it.
- Sarena will incorporate suggested changes into the next Ends report.

Topic: CCPH Ends Policy

Discussion: The board discussed the ends statement adopted at the last board meeting. We often struggle with the language we use to describe CCPH, because partnerships can be both an end and a means to an end. We advance community-campus partnerships not for partnership's sake but to achieve specific ends (e.g., eliminating health disparities and increasing the diversity and community-responsiveness of the health workforce diversity).

Action: The board unanimously approved this revised ends statement, below (new phrasing in italics). Monte made the motion and Tom seconded it.

Community-campus partnerships that improve the health of communities

1. Communities and higher educational institutions engage in community-campus Partnerships.
 - a. Resources are available to build and maintain community-campus partnerships
 - b. Comprehensive knowledge is available about the nature and outcomes of community-campus partnerships.

- c. Institutional, organizational and governmental policies support community-campus partnerships.
2. Health disparities are reduced in communities *through community-campus partnerships*.
3. The health workforce, broadly defined, is more diverse and community responsive *through community-campus partnerships*.

Topic: Panel Discussion on CCPH Ends: Health Workforce Diversity

“Professional schools approach their decisions with aristocratic privilege. They need to focus on what kind of professionals we want to produce – on outcomes – rather than having to achieve a certain bar for entry.”

Dan Delaney, Physician Diversity Project, Health Care for All, Boston during the meeting

Discussion: A panel of speakers from the Boston area shared their expertise and experience on health workforce diversity, including Dan Delaney, Physician Diversity Project, Health Care for All and Senator Dianne Wilkerson. Points made by panelists included:

- Best practices are not being shared.
- The admissions process of medical school and residency programs is largely a “black box” that the public does not understand. We need to heighten the transparency of the process.
- Public outreach is needed, to raise awareness among health professionals and the public about the importance of diversity and health disparities.
- Health professional schools should focus on the kind of health professional we want to produce and improved community health outcomes.
- Challenges include competition among schools and hospitals for underrepresented minority applicants, an inherent reluctance to change, talking about racism in a way that does not end the conversation.
- Opportunities include the connection between health disparities and other compelling issues (e.g., access to health care) and the potential for broad-based coalition-building,
- We lack a process to respond to health disparities. No state has a comprehensive plan on how to address health disparities.
- There is a limited pool of applicants to health professional schools from underrepresented minority and disadvantaged backgrounds.
- What is needed within health professional schools is an internal champion, supportive and inclusive mentoring, an environment that is inviting.

Topic: Reflection on the Panel Discussion

Discussion: The board reflected on the panel discussion, with a special focus on what points Douglas should make when he testifies at the January Sullivan Commission on Physician Diversity hearing on CCPH's behalf. Points made during the discussion included:

- It is absolutely essential that communities be involved in solving these problems and issues. Communities need to be informed and be an important part of the solution and its implementation. The academy changes and does things it might not otherwise do when there is community involvement. We can provide evidence for the Commission on how partnerships can lead to change – how partnerships can change the admissions process, the curriculum and the outcomes of health professional schools.
- Communities should define what sort of practitioners they'd like to see coming out of health professional training programs.
- Admissions criteria need to include and emphasize factors that go beyond test scores and grades.
- Cultural competency among all health professionals is an important related goal to increasing the diversity of the health workforce.

OWNERS

Topic: Engaging Our Owners

Discussion: The board began this discussion by reviewing our definition of owners: "all individuals and organizations committed to or interested in advancing community-campus partnerships to improve health." A number of points were made during the discussion:

- Ownership is a two-way street; owners have rights and responsibilities.
- Engaging our owners in dialogue helps to inform our ends, to determine why we exist
- We are accountable to our owners for our ends.
- We should be more deliberate about how we are informed about our ends.
- We should continue inviting key leaders to come and meet with the board – past examples include medical school dean Nancy Dickey, legislators from West Virginia.
- We need to get feedback from owners on our ends, our challenges. Are we on the right track from their perspective? Perhaps we need to publicize our ends and invite public comment period.
- Questions we would like input on include: do they see the organization providing a benefit? What are the pertinent issues and challenges in the field?
- We are not looking for feedback from owners on our services. This sort of feedback is sought from customers.
- CCPH has undergone a "brand change" from being known primarily for service-learning to also being known for community-based participatory research, broader community-campus partnerships, interdisciplinary partnerships. We need to better inform our owners about this brand change.
- Possible venues for engaging our owners include town meetings, focus groups, getting on the agenda of other organization's board meetings, roundtable discussions at conferences. The idea was also raised of casting a wide net for input

through a web-based survey and targeted outreach to opinion leaders from key organizations.

Action:

- Tom, Ella, Richard and Kay will meet by conference call to develop a set of “talking points” about CCPH that board members can use when meeting with owners
- The board will continue this discussion at the next board meeting, and develop a more defined plan for connecting with owners.
- Every board member will seek out opportunities to meet with owners about CCPH and will report back on any meetings at the next board meeting.

EXECUTIVE LIMITATIONS

Topic: Treatment of Consumers

Discussion: The board considered the first monitoring report on treatment of consumers.

Action: The board unanimously approved the Treatment of Consumers Monitoring Report. Tom made the motion and Daniel seconded it.

Topic: Fiscal Monitoring Report

Discussion: Board members expressed interest in seeing an overall discussion of our financial situation and prospects in the fiscal monitoring report.

Action:

- The board unanimously approved the Fiscal Monitoring Report. Terri made the motion and Dick seconded it..
- Sarena will include an overall discussion of our financial situation and prospects in future fiscal monitoring reports.

Topic: Cost of Governance Policy

Discussion: The board

Action:

The board unanimously approved an amendment to the Cost of Governance Policy to now read as follows (the prior policy was for 2003; this policy needs to be revisited annually):

“2. Costs will be prudently incurred, though not at the expense of endangering the development and maintenance of superior capability.

A. Up to \$ 0 in fiscal year 2004 for training, including attendance at conferences and workshops.

B. Up to \$ 5,000 in fiscal year 2004 for audit and other third-party monitoring of organizational performance.

C. Up to \$ 40,000 in fiscal year 2004 for surveys, focus groups, opinion analyses, and meeting costs.”

Terri made the motion and Tom seconded it.

Topic: Board Role in Fundraising

Discussion: Sarena invited board members to consider their possible roles in CCPH fundraising and fund development. The board discussed three sources of funding (1) project-specific funding, which CCPH has had the most success with raising; (2) unrestricted funding, which is very difficult to raise; and (3) endowment funding. Board members may be able to play the greatest role in helping CCPH to establish and raise an endowment.

Action:

- Kay will check with her employer on what she can and cannot do re: fundraising and fund development for CCPH, since she works for a federal funding agency.
- Sarena will investigate how similar organizations have approached raising an endowment.
- The board will discuss this issue further and develop a more defined plan for the board's role in fundraising at the next board meeting.

GOVERNANCE PROCESS

Topic: Board Recruitment

Discussion: The board reviewed information about board member terms and when they expire. We will lose at least one board member in 2004 and two in 2005. Three board members end their first term in 2004 and we are not certain if all will request to renew their terms. The board was reminded that Chris Atchison had been invited to join the board in spring 2003 but at the last minute was unable to attend the board orientation and CCPH conference. At the time, we had left open the possibility of having him join the board the following year.

Our current policy is that board members may serve for two consecutive 3-year terms. A point was raised about making exceptions to this policy: what if there are compelling reasons to have board members serve longer? However, some expressed concern about lengthy board terms and the need for fresh perspectives on any board, and how board members can always apply for the board again after taking a hiatus.

The board agreed that it would be better to bring on a number of board members all at once than bring on one or two at a time, given the labor intensity of the board recruitment process. The board also agreed on the importance of an open process of board recruitment, but also the need to target or recruit specific people to apply. We need to identify where the leverage points for change are with respect to our ends, and to target those with influence to serve on the board.

The board discussed the importance of having broad geographic perspectives among board members since we are a national organization. They also discussed the importance of thinking strategically about the issues and challenges that will be facing us over the next few years, and about specific board member perspectives that may help us to address these and also to better clarify and refine our ends. There was some discussion about what perspectives these would be and why. These included the perspective of health professions disciplines not currently represented on the board, such as pharmacy and environmental health; community health centers and other safety

net providers; and government officials and policy makers as board members (It can be an intense process for these individuals to seek and obtain permission to serve on the board, given potential conflicts of interest.).

Action:

- The board unanimously agreed to recruit up to 4 new board members to begin terms in May 2004. Chris Atchison will be invited to be one of these new members. Elmer made this motion and Tom seconded it.
- The board decided to target these perspectives when recruiting new board members: community health centers or federally qualified health centers, senior academic leadership and health professional disciplines not currently represented on the board. In making this decision, the board emphasized that board recruitment would still be an open process and that board recruitment would not exclusively focus on people with these perspectives. Tom made the motion, Diane seconded it and all voted in favor with the exception of Kay who abstained from the vote.
- Renee, Elmer and April volunteered to meet by phone to develop a plan for new board member recruitment as members of an ad hoc board recruitment committee that will disband after the new members begin their terms.

Topic: Policy Governance Monitoring

Discussion: The board discussed how the implementation of the policy governance model was going so far. Points made during the discussion included:

- We feel a lot more comfortable now than when we first embarked on this path! “We started out on tricycles and now we’re on a bike.”
- Making a transition to having new board members will be challenging. We need to make sure that the orientation for new board members explains this model.
- Our ends and means are still largely untested
- Bumps in the road will show us how responsive this model allows us to be
- When asked how staff felt about the policy governance model, they applauded
- We rely on Monte as our internal consultant, and he is doing a fabulous job! It was recommended that Sarena also participate in one of Carver’s intensive training so that staff could similarly have in-house expertise on the model.
- Over time, the policy governance model will become part of our board culture and we’ll stop asking “what would Carver do?”
- Newer board members don’t have the history of how we did things.
- We need to keep a core group of board members who went through the policy governance training and can help keep us “on track” during the first few years of implementation.
- We have stayed focused on our ends – what are we doing and where are we going? It helps keep us on track and on task

Action: Sarena will take a Carver policy governance course in the next year.

Topic: Next Board Meeting

Discussion: The board discussed these questions:

- What tangible benefits does the board want to get out of future meetings?
- What information, resources, literature, research, etc., does the board need to assess the status of each end and make decisions about making changes to the end?
- In what ways can board connect with owners to obtain some of this information?

These topics were identified for the next board meeting:

- Orientation for new board members
- Board role in fundraising, funding trends, creating an endowment
- Elect new chair-elect
- Monitor these policies: Financial planning and budgeting, financial condition and activities, governance policy monitoring, ends, treatment of staff, CEO benefits, grants focus
- A substantive discussion of some aspect of our ends
- Chief governance officer and board governance monitoring assessment
- Determine the process for monitoring CEO performance

Action: Douglas, Elmer and Sarena will develop the agenda for the next board meeting.