

**CCPH BOARD OF DIRECTORS
BOARD MEETING MINUTES ~ SEPTEMBER 23 – 24, 2005 ~ TORONTO**

Present: Renee Bayer, Chuck Conner, Diane Downing, Elmer Freeman, Bobby Gottlieb, Ella Greene-Moton, Larry Green, Susan Gust, Daniel Korin, Dennis Magill, Carmen Patrick, Richard Redman, Monte Roulier, Douglas Simmons

Staff: Jen Kauper-Brown, Annika Robbins (Saturday only) and Sarena Seifer

GOVERNANCE PROCESS AND POLICIES
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Topic: Transfer of board leadership

Discussion: The board thanked and congratulated Elmer on his exemplary year as chief governance officer. Elmer turned the CGO role over to Renee, and Ella took on the role of CGO-elect.

Topic: Approval of March 2005 board meeting minutes,

Action: The board unanimously approved the March 2005 board meeting minutes. Elmer made the motion and Richard seconded it.

Topic: Board agenda for 2005-2006

Discussion: The board identified these agenda items for 2005-2006:

- Shaping our ends
- Dream gap/endowment
- Monitoring reports
- Linking with owners and members, especially those from Canada
- Identify chair-elect
- Dialogue with our owners about the CCPH Principles of Partnerships
- Definitions of community and of participatory

Subject: Board priorities for training and education

Discussion: Monte's term ends 2006 and has agreed to continue to train board members (i.e. CGO, CGO-elect) on the policy governance model. Having Carver's points inserted into the minutes and agenda helps to keep the board implementing the model.

POLICY MONITORING

Topic: Ends Monitoring Report

Discussion: In providing an overview of the ends monitoring report, Sarena made these points:

- A complete ends monitoring report is provided and discussed annually unless there is a reason to review it more often. For example, at the last board meeting, we reviewed a "mini-ends report" just one the ends statements we were looking to clarify and understand better.
- It's always important to remember that the ends monitoring report reports on progress toward achieving our current ends. This may lead to discussions or conclusions about the need to change our ends.

- We are always interested in feedback on how this information can best be presented.
- We are trying to include more evidence of changes that can be directly linked to CCPH. The board's critical feedback about the nature of the evidence is appreciated. Are we looking at the right kinds of outcomes? Are we choosing the right indicators? What kind of information should we be tracking over time? Are we going in the right direction and making enough progress?
- We are trying to obtain more information directly from our owners. For example, pages 6-7 of the report summarize the results of evaluations of CCPH projects and programs, noting in particular results and outcomes that have been achieved.

In discussing the report, board members asked these questions and made these suggestions:

- Q: Is there any way of keeping track of changes made in our ends over time? In other words, there must be a way of tracking the modifications that the board makes in our ends statements and the reasoning behind those changes. A: We can easily track this information in a single document and will begin doing so.
- Q: Is there anything that CCPH does that didn't fit well within this report/framework? A: We are not involved in any activities that do not in some way further our ends. The ends monitoring report, however, is not intended to be a laundry of everything we're doing but a presentation of the evidence that we're making progress toward our ends.
- Q: Why is there little information presented on our end of health workforce diversity? A: Although we know many of our members are involved in partnerships that are working to increase health workforce diversity, we do not have evidence to report beyond anecdotal information. There is also overlap between this end and the end of eliminating health disparities. In other words, some percentage of those partnerships described under the evidence presented for that end may also be addressing health workforce diversity.
- Q: The report reflects an incredible amount of work and results. It is hard to determine if this is enough, not enough? Do we have a yardstick for determining this? Do we have a sense of the costs associated? At what cost are we pursuing some ends and not others? It could be helpful to talk about the roads not taken. A: The board hasn't set policy on costs in the ends statements. At their retreat in August, the staff did discuss what criteria they use to choose the programs and activities we pursue. It was noted that the board should not make decisions about prioritizing how staff spend their time, however.
- Q: How much is the Carver policy governance model adding to staff work responsibilities and time? Does the Carver model significantly add staff work and time to collect information and prepare these monitoring reports, for example? A: Actually, the policy governance model may be saving staff time and effort, when you consider that there are no board committees to staff! It helps us think more strategically about the sort of information we collect and how we analyze it.
- Q: Traditional boards often find ways to support the CEO and staff. How do we do this in the Carver model? A: The board gives a lot of positive reinforcement to the CEO and staff, and helps to provide discipline and focus to the board-CEO/staff interactions. The Carver model helps to ensure that the board is not "in the CEO's way." The model helps the board to understand their responsibilities and not micromanage the CEO.
- Q: There are a lot of challenges in the environment that can affect progress towards our ends, and there can be negative progress as well. Is it appropriate to include such information in the ends report? It would be also to include information about the "dream gap" - how we could make even more progress toward our ends if only we had..." A: Past ends monitoring reports have included a section on "critical issues" and will be included again in future reports.
- Suggestions made during this discussion are only suggestions and the CEO can act on them or not. Unless the board speaks with one voice through a policy statement, the suggestions are not binding.

- One of our challenges is that while we have values and principles around what we mean by “community-campus partnerships,” we do not have the qualitative measurements needed to be able to know whether partnerships reflect those values and principles..
- There was some discussion about the role that contracts have played in empowering communities to hold academics accountable when conducting research. For example, Ann McCauley and others working with First Nations communities led to the development of contracts that must be in place if researchers want to conduct research with these communities. We might want to consider a policy or sub policy for communities to develop contractual language when working with researchers. Some board members agreed with the importance of contracts, but that partnerships can be at different stages of development and not all necessarily need or are ready for such contracts. We want evidence of true partnerships. Contracts may be one way to demonstrate this, but there may be other types of evidence that indicate this.
- Susan mentioned that she is developing a Community Impact Statement that is modeled after the Environmental Impact Statement that leads to a covenant of understanding between community and campus partners

Action: The board unanimously approved the ends monitoring report.

Topic: Financial monitoring reports

Discussion: The board reviewed and discussed the reports on financial condition & activities, and financial planning & budgeting. These points were made in the discussion:

- The board needs to approve a new “cost of governance” policy annually since this policy specifies the amount of money to be budgeted for governance costs (e.g., board meetings, audits).
- CCPH has paid about \$75,000 to UCSF for deficit reduction. The 2006 budget assumes a greater amount for deficit reduction because of the revenue raised by the conference and other planned fundraising. We are in active communications with UCSF about reducing and eventually eliminating the deficit and are constantly exploring opportunities to raise revenue for deficit reduction. Discretionary funds are used for deficit reduction. No membership fees are used for deficit reduction. An interest fee of 1% of the deficit per quarter is charged by UCSF and unfortunately cannot be negotiated down. The director of the Center at UCSF has also mentioned the possibility of paying off the deficit and then CCPH paying the Center back without interest being charged. The Center is not currently in a financial position to do this.
- The budget for 2006 is larger than for 2005 because we did not hold a conference in 2005 but will in 2006.
- As in every other year, the 2006 budget is based on conservative assumptions.
- At the last board meeting, the board delegated to the CEO the responsibility of choosing an independent auditor. Given the Sarbanes-Oxley Act, however, this may no longer be appropriate. The CEO solicited bids from three auditors and selected an auditor that is currently doing an audit of our 2004 books. Future audits may need to be performed by board-appointed auditors

Action:

- During a report on the 2004 audit at the next board meeting, information will be shared about the requirements of the Sarbanes-Oxley Act and any changes needed in who appoints the auditor will be made by the board at that time.
- The board unanimously approved the financial conditions & activities, and financial planning & budgeting reports, including a cost of governance of \$45,000 for fiscal year. Larry made the motion and Richard seconded it

Topic: Asset protection monitoring report.

Action: The board unanimously approved the report. Elmer made the motion and Dennis seconded it.

Topic: Treatment of consumers monitoring report.

Action: The board unanimously approved the report. Dick made the motion and Daniel seconded it.

Topic: Staff compensation monitoring report.

Action: The board unanimously approved the report. Dick made the motion and Daniel seconded it.

Topic: Communication and support to the board monitoring report.

Discussion: This was the first time that all board meeting handouts were emailed out ahead of time rather than sent by mail (with the exception of binders for new board members). The guidance wasn't clear about what to print, read and bring.

Action:

- In the future, we will go back to mailing the board meeting handouts.
- The board unanimously approved the report. Dennis made the motion and Ella seconded it.

Topic: Reflection on the whole process of policy monitoring.

Discussion: The board commented that the reports are helpful and the monitoring process is working. Board members do a good job of reading the reports ahead of time so they can be engaged in the discussion.

CLARIFYING OUR ENDS

Topic: Examining our Ends

Discussion: Monte reminded the board that this is a process and that it's not bad if we don't know where we're headed or where we want to end up. He started the discussion with an activity of thinking "What is your ideal space" and to draw space collaboratively in groups of four. Groups will share a marker but cannot talk about what they are going to draw. Each person will make one line then pass it to the next person. This exercise was intended to help the group consider: How do we create a larger vision that is much bigger than ourselves? How do we get out of the mindset that what I want is the most important? How do we anticipate what others needs are in the group? He reviewed the distinctions between debate and dialogue:

Debate vs. Dialogue:

- Assuming one right answer vs. assuming many pieces
- Combative: Winning/Above, others wrong vs. collaborative: explore common ground
- Listen for flaws vs. listening for meaning/connection
- Defend assumptions as truth vs. re-examine truths
- Search flaws vs. search for strengths
- Seeking conclusions ratifies positions vs. not always seeking closure

He also reminded us about what ends statements are all about.

- Brief, but including all three ends components: what, for who, at what cost
- Doable – not a wish list
- Clear – but not snappy-like slogan

- Expansive enough to embrace fullness of organizational intent
- Narrow enough to distinguish our organization from the larger world

How will the world be different because CCPH exists? Comments and ideas offered included:

- CCPH isn't the helicopter flying over the people that need it the most, but the one that sees and lands where it is needed.
- How do we give people the understanding that they have the right to clean air, clean water and good health?
- Poll members what the importance is of CCPH for them personally

The board broke up into smaller groups to discuss our ends. Below are the report-backs from the small groups.

Group 1

1a. Resources

- Research funding requiring involvement of end users
- Community development funding as part of research grants
- Research funding as part of CCPH (?) grants
- Shared power
 - shared resources
 - governance
 - use of titles
 - leveling indicators of status

1b. Comprehensive knowledge is available....

- Putting science into the everyday and putting the everyday into science (ex: how much science we've been exposed to with the news coverage of the hurricanes – understanding hurricanes/storms –
- Vision that integrates the whole person (people's real lives) instead of the sections of people that science tends to look at

1c. Making informed consent, more active process, rather than a reactive process

2. Disparities...

- Increased capacity of underserved communities/people to
 - a. advocate...

3. Health workforce...

- helping to look beyond K-12 (providing hope for young people)
- higher institutions to recruit/retain more diverse student populations in the health professions

Group 2 drew a map of CCPH:

Top: CCPH asks the big question: Transformative/culture change in communities and campuses that bring about a seamless community-campus relationships that improve the health of communities.

→Vision – the deeper meaning of the relationship/partnership

→CCPH sets in motion processes/measurements, policies that begins to put that into motion.

Local scope/national scope

→Culture change, emotional relationship with people in true partnerships, intermediate steps,

→Define/address social determinants of health

→reducing disparities

Group 3:

1b. The ends of CCPH and our progress towards accomplishing them and widely understood by a broad audience (community partners, policy makers, academics, etc.)

3a. A workforce is trained in cultural competence

(1) Faculty share with other faculty their transformative experience

(2) Reciprocal learning between communities & faculties

3b. Health and higher education institutions demonstrate institutional change

-We might need more passion in our ends statement - the energy in our board discussions is not reflected here

Topic: What do we mean by community?

Discussion: Elmer began the discussion with a proposed definition: What we [CCPH] mean by “community” is dynamic and inclusive; there is no “one” definition of community. Community need not be defined solely by geography. It can refer to a group that self-identifies by age, ethnicity, gender, sexual orientation, disability, illness or health condition. It can refer to a common interest or cause, a sense of identification or shared emotional connection, shared values or norms, mutual influence, common interest, or commitment to meeting a shared need. Institutions and individuals based out of institutions can be “the community” in certain situations. Grassroots organizations and community residents can be “the community” in certain situations. Defining “community” in a community-campus partnership is more about the process of asking questions than about a strict definition of who “is” community or “represents” community. “Are those most affected by the issue at the table? Are community residents at the table? Are those who have a stake in the issue being addressed at the table? Do they play decision making roles?” The purpose drives the definition, therefore each effort must ask for the definition of community.

Comments included:

- I like opening the gates to different types of community. Getting beyond the geographic.
- Self-identified community? Is this correct? For example, AARP identifies their community as someone as part of the senior population. Is it a sense of belonging?
- Sometimes people put someone else in community vs. what they self-identify as.
- What doesn't constitute community? Is an oil company a community? Is the police department a community?
- Where does the health department sit? Where do all of the organizations or groups that aren't communities and campuses fit?
- Do we have a more succinct way of saying this?
- Communities fit in all these different containers. When we use the word community are we referring to the disenfranchised grassroots communities?
- The definition doesn't limit the range of partnerships but the examples and words we use often does
- Change residents to members.
- Change group to individuals or people
- Community is something about who has the potential to gain or lose based on the distribution of resources...the potential to benefit or be harmed by some action...
- Do we need to define community in a way that is less loose? Do we need it to be a community that can actually be a partner?

Action: The board approved a motion to adopt the definition with amendments (change residents to members, change group to individuals that are those most affected by the issue or

people who have the potential to benefit or be harmed by the outcome, drop who have a stake in the issue). Renee made the motion, Monte seconded it. Carmen abstained from the vote. All other board members approved.

Topic: The CCPH Principles of Partnership

Discussion: Dick led a discussion of possible revisions to the CCPH principles of partnership first adopted in 1998. He asked, “are the principles OK as is or are we going to add to or edit them? Are we going to add an introduction or umbrella statement?” Comments included:

- We should say something about whether communities should have a covenant or contractual relationship with the institution.
- We should say something about the importance of resolving conflicts.
- The principles don’t address that partnerships can dissolve or the process of coming to closure.

Action: Dick will revise the principles based on suggested revisions (using track changes function) and email to the board and staff for additional comments. The principles will then be finalized by the board and updated on our website.

LINKING WITH OWNERS

Topic: Building Capacity for Community-Based Participatory Research (CBPR): A Strategic Conversation

Presentation: Dennis and Sarah Flicker provided a brief overview of Wellesley:

- Wellesley is involved in three main areas: community-based research (CBR), public policy and capacity-building, focused in three particular areas of social determinants of health: income and income distribution, housing and homelessness and social exclusion. Wellesley recently finished a strategic planning process that led to a number of new positions being created and filled.
- Bob has been hired to “translate research into terms that providers and policymakers can use, into concrete practical policy solutions to problems researchers are examining.” All of this will be done in collaboration with communities. Resources will be developed for partners that don’t have access to policy analysis.
- Joan has been hired to build capacity in the nonprofit sector which has been decimated recently. She has worked with over 20 partnerships and coalitions and has written a manual on how to develop these. Capacity in this city has been decimated. They are considering, for example, starting nonprofit leadership development programs and workshops, and developing systems for tracking changes in the nonprofit sector over time.
- Sarah directs Wellesley’s community-based research program. CBR seed grants of up to \$10,000 are provided to help find nonprofit organizations find and develop relationships with academic researchers. Advanced grants up to \$50K are provided to implement research. In some cases, these grants are leveraged to obtain more substantial funding from the Canadian Institutes of Health Research (the Canadian equivalent of the NIH). For example, a \$600,000 CIHR grant was awarded for the first time to a community-based agency (an HIV/AIDS service organizations). Wellesley also provides CBR training and capacity building through a certificate program in CBR that started off as an introductory course and now runs 40 workshops a year. A new program facilitates student practicum placements in CBR. .

Six panelists presented their perspectives on CBR:

Wangari Muriuki of Street Health, works with homeless people who have severe mental illness. She is a graduate of Wellesley's CBR certificate program, which she says "got me very fired up about research. The community is generally not so keen on research. It has been wonderful for me and my agency in terms of personal growth and as an alternative to the taxing work of a large client caseload." She has been involved with 3 different research projects. Street Health received an enabling grant in 2004 for a regional focus group in the downtown area about what homeless people would like to see research focused on. The issue of greatest interest was access to income. Street Health subsequently received another grant to implement and evaluate an intervention to help homeless people get access to income assistance. The project had about 85 clients, 50 of whom have been able to access benefits. The project found that a large percentage of people are denied on first application, and the appeal process can take from 9 months to a year. This is especially difficult for people who do not speak English, are homeless, have mental illnesses and no phones.

Susan Flynn of Planned Parenthood of Toronto manages programs that operate from a community development model that includes the community in program planning. Community consultations are conducted with different groups in the community (e.g. men, newcomers). Her agency wanted to take on a research project with a larger scope and reach that could affect policy change around sexual health for youth. They sought to build capacity in Planned Parenthood to be able to engage in CBR with an academic institution. Planned Parenthood applied for a seed grant for research around access to sexual health surveys. They gathered information from youth and providers and subsequently trained youth and women to deliver information in their communities. Youth created a survey tool. It was a process back and forth between the youth, the community agency, and the researchers. Youth are interested in staying involved in the next phases of the project. They don't really have challenges that resulted. Susan noted, "We were able to work through differences in a very productive way. Training at Wellesley helped me to increase my capacity for research. We are currently building capacity in other staff as well."

Andrea Ridgley of Regent Park Community Health Centre was funded by Wellesley for two projects and is a graduate of Wellesley's certificate program. Participating in these research projects, she noted, "changed our understanding about how knowledge is produced, disseminated and utilized. It gave us a renewed respect for research. Many of our partners were able to go to Wellesley workshops which demystified research." The Youth Voices project is based at the University of Toronto Department of Public Health Sciences, TeenNet is using youth technologies and youth media to explore and address youth challenges.. The Youth Migration Project continued for 3 years, trying to understand HIV risk for LGBT youth. She mentioned one lesson learned: not asking for enough money to do the project is undervaluing yourself. They didn't ask for enough money for project staff. She also asked for more transparency on the part of funding agencies as to what is driving them and what they are looking for. For example, of Wellesley she commented "We would have liked to have heard if they were receiving pressure to have certain outcomes."

Nadia Junaid of West Hill Community Services also completed Wellesley's certificate program. She explained that she was "transitioning from HIV/AIDS into addiction work. At that time (2002-03), CBR was just coming into vogue. There were other funding agencies that gave money but no capacity for using it do research well. Right at that time Wellesley started the certificate program to help increase my capacity. The program gave us more access to resources around CBR."

Susan Gust, Partners Three Consulting Company & CCPH board member, explained that for 12 years she has been working on issues related to childhood lead poisoning. She mentioned fighting a garbage transfer station in low-income neighborhood. “Were able to prevent the building because we researched how much it was going to cost to produce and that it wasn’t really needed.” After this, they decided to take on the University of Minnesota and its power structure around research. The community had a lot of negative impressions of research. The biggest advantage of CBPR is building models of shared power and having relationships with people that you would never normally meet in the world. Transformative learning leads to an understanding that you can make change in the world. The academic world is a very dissociated world where you are expected to turn off the world you came from and not be integrated in life. “Everyone needs self-interest to be involved. Self-interest is only slimy when it’s not admitted, when it’s kept under the table.”

Chuck Conner, West Virginia Rural Health Education Partnership & CCPH board member, had his first experience with CBPR last month at the CBPR training institute coordinated by CCPH. “I’ve really never had an opportunity to put it into practice. I was so impressed by the power and the passion that people came away with. I’ve been working in rural health education for 13 years, with students doing community service projects. What CBPR gives to me is to take all of the resources that I have to make change in the community.” Chuck commented on some of the differences between working in urban and rural settings. “Resources in a concentrated area in Toronto – my community is not like that. In our community health efforts over the last years, the thing that has been missing has been the evaluation. The need for policy change to move things to the next level is critical, and we are excited to do this in partnership with the 3 major academic institutions in my state. I’m impressed by the fact that you have the opportunity to take the certificate program. It would be great to be able to offer this more widely even if it’s online.”

Discussion: A discussion ensued on a wide range of topics, framed as “Q&A.”

- Q: How do we ensure that these partnerships are real and equitable? A: The community determines this. It’s a true CBPR project when the community takes ownership of it, if the community participates and feels valued. Academics are also intimately involved and impassioned – including the principal investigators and not just the staff. There is no way to just tell that a partnership is genuine on paper. “There are some super good writers out there.”
- Q: Wellesley has been very successful at getting community members involved in the workshops but not academics. Is a set of workshops for academic needed? A: Very few academics are involved in CBR because of a reward system that does not value it. We need to capitalize on the younger faculty who are interested in doing this type of work.
- Q: Why did Wellesley drop the “P” in community-based participatory research? A: It was the language at the time, not intentional to get rid of the participatory nature of it.
- Q: Have you had success bringing elected people to workshops? A: We’ve been less successful with elected officials and more successful with bureaucrats (people who work in government)
- Q: How do you effectively translate CBPR into policy change? As things are made more relevant locally, they will become less generalizable. A: Look for similarities in findings in similar communities. For example, in Toronto and Vancouver and in American cities. Gather lessons and their implications to see bigger picture of change that needs to occur.

Dennis concluded the session with his expression of excitement about the developing partnership between Wellesley and CCPH, and everyone agreed.

Topic: Consulting with our owners

Discussion: Ella introduced this topic by reminding the board that our owners are “not just the membership.” The CCPH board has defined our owners as “all individuals and organizations committed to, interested in, or stand to benefit from advancing community-campus partnerships to improve health.” In the past, we have talked about different categories of owners. One action step was to identify groups of owners we might want to connect with. Ideas for owners at the time included: higher educational institutions, policy makers, funders, community organizations. How do we determine what “they” want if we don’t know who the “they” are. Comments included:

- Shouldn’t owners have some power? What is their role and power?
- On the flip side, how are we responsible to those people who don’t necessarily know about CCPH but are addressing the principles of partnership?
- We do not have a legal obligation to owners, but a moral obligation.
- One way to think of ownership is as a process. Theoretically everyone is an owner because they benefit from the work of community-campus partnerships. Closer in are people, groups and institutions that are working on issues that are relevant, some of whom are aware of CCPH and many who are not. How do we move more people to that inner circle of knowing/belonging to [as a member] CCPH?
- The current definition doesn’t reflect that concentric outer circle, “or stand to benefit from,” addresses those people who might not know us.
- Using a concentric circle, we are able to visually see our owners and see who is missing.
- We need to develop a plan to connect with owners by next board meeting (end of May 2006). Our first step should be to define what we want to communicate to and gather information from the owners and then the way to reach all of the different circles will be different.
- A question was raised on ownership and membership. Has there ever been a situation where members ask to get power from their membership dues? Sarena explained that the decision was made by the founding board to be a self sustaining board without member voting, etc. This poses a conflict between democratic processes and the current board structure. Members don’t vote and tell you how to lead and what to do.

REFLECTION

Topic: Reflection on day 1 of board meeting

Discussion: The board discussed how they would describe yesterday’s meeting. Responses included “Wow” “Energized” “Invigorated.” Other comments included:

- The orientation improves each time. New board members said it seemed seamless, comfortable and empowering. A suggestion was to keep the history of CCPH more concise.
- It is important it is to share personal stories and to understand the link to the political.
- There was a good impression of the Wellesley-supported projects, how they were developed by the community and then academics were approached. They helped board members to reflect on their own projects.
- There was a positive energy among panel members. It was good that it was not easy to distinguish between academics & community members. Many board members agreed how important this point is and that to just teach/preach isn’t enough, but the transformative part of partnerships is essential and it is important to accept that there is loss and it is emotional and personal.